

OPNAV INSTRUCTION 5350.4

From: Chief of Naval Operations  
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: Substance Abuse Prevention and Control

Ref: (a) SECNAVINST 5300.28  
(b) DODDIR 1010.4 of 25 Aug 80 (NOTAL)  
(c) DODINST 1010.1 of 4 Apr 74 (NOTAL)  
(d) DODINST 1010.3 of 22 May 74 (NOTAL)  
(e) DODINST 1010.5 of 5 Dec 80 (NOTAL)  
(f) DODINST 1010.6 of 12 Aug 81 (NOTAL)  
(g) BUPERSINST 1620.4B (NOTAL)  
(h) BUPERSINST 10570.1A (NOTAL)  
(i) OPNAVINST 11200.5B (NOTAL)  
(j) BUMEDINST 6120.20B  
(k) CPI 792 (NOTAL)  
(l) CPI 752 (NOTAL)  
(m) CPI 432 (NOTAL)  
(n) OPNAVINST 5102.1A (NOTAL)  
(o) SECNAVINST 5820.7  
(p) OPNAVINST 6110.1B  
(q) SECNAVINST 5520.3  
(r) SECNAVINST 1910.4  
(s) SECNAVINST 3820.2  
(t) USPS PUB 52  
(u) BUPERSINST 5400.42E (NOTAL)

Encl: (1) Definitions  
(2) Program Organization Structure  
(3) Detection and Deterrence  
(4) Urinalysis Policy and Related Procedures  
(5) Voluntary Self-referral for Drug Abuse Rehabilitation  
(6) Rehabilitation  
(7) Disposition of Drug and Alcohol Abusers  
(8) Threat Assessment and Program Evaluation and Analysis  
(9) Preservice Use of Drugs and Alcohol  
(10) Disclosure of Drug and Alcohol Abuse Information  
(11) Education  
(12) Training  
(13) Reports

1. **Purpose.** To provide a comprehensive substance abuse policy and consolidate all drug and alcohol policy guidance in a unified Navy Alcohol and Drug Abuse Program (NADAP). This instruction presents procedural

guidance, introduces a reorganized drug and alcohol abuse treatment network, assigns responsibilities, and provides guidelines for coordinating the policies set forth in references (a) through (j). Policy and procedures for civilian employees are promulgated in references (a), (k), (l), (m) and (s) and this instruction.

2. **Cancellation.** OPNAVINSTS 5355.1; 5355.2A; 6330.1; OPNAVNOTE 5355 of 15 OCT 82; BUPERSINST 6710.1A; CNO Washington DC 231734Z DEC 81, NAVOP 172/81; 291940Z DEC 81, NAVOP 178/81; 312105Z DEC 81, NAVOP 180/81; 041808Z FEB 82, NAVOP 011/82; 032154Z MAY 82, NAVOP 048/82; 042339Z JUN 82, NAVOP 058/82; Report Control Symbols OPNAV 6330-2; OPNAV 6330-3; OPNAV 5355-2; OPNAV 5355-3; and DD-HA(Q) 1170.

3. **Background.** Drug and alcohol abuse is costly in terms of lost man-hours and unnecessary administrative and judicial processing and is a critical drawdown on morale and esprit de corps. It undermines the very fiber of combat readiness, safety, discipline, judgment, and loyalty. It is not just the abuser who is affected, but the abuser's shipmates as well. "Zero Tolerance" recognizes that drug and alcohol abuse is incompatible with the maintenance of high standards of performance, military discipline and readiness and is destructive of Navy efforts to instill pride and promote professionalism.

4. **Applicability.** The provisions of this instruction apply to all active duty and reserve personnel. Policy applicable to civilian employees is specifically annotated in this directive.

5. **Concept.** The major element underlying the Navy's approach to its recognized drug and alcohol abuse problem is enhanced detection and deterrence at all levels. This approach emphasizes the firm, constructive use of discipline, the rehabilitation of members who are responsive and the expeditious processing for separation of those abusing members clearly possessing no potential for future service. Treatment-oriented intervention has been restructured into a comprehensive, three-level program to maximize the effective use of resources. Regional oversight of the Navy Alcohol and Drug Abuse Program (NADAP) is accomplished through the establishment of regional councils which will perform a major role in program assessment and evaluation.

6. **Policy**

a. **Overview.** There will be "Zero Tolerance" of drug and alcohol abuse. The abuse of alcohol and the illicit or

improper use of drugs by Navy members can seriously damage physical and mental health, may jeopardize their safety and the safety of others, and can lead to criminal prosecution and discharge under less than honorable conditions.

(1) The judgement of commanders, commanding officers and officers-in-charge is paramount in enforcing Navy drug and alcohol abuse policy and ensuring just and reasonable disposition of individual cases. Any determination as to whether drug or alcohol abuse exists must be based on the integration and analysis of all elements of evidence.

(2) Commanding officers must be particularly alert to those few individuals who might attempt to "manipulate the system" by falsely admitting to or intentionally committing acts of substance abuse in order to avoid specific duties or deployments. In such instances, those individuals shall be evaluated, counseled and disciplined as appropriate. They shall be retained onboard in duties for which they are qualified or ordered to other units, in the same force if feasible, with assigned duties and deployments commensurate with those they were attempting to avoid.

(3) Officers and chief petty officers, by virtue of their rank and position, must lead by example. Any illicit drug use or irresponsible use of alcohol by these personnel will be viewed as a grievous failure to meet Navy standards and shall have grade personal and professional consequences.

(4) The objective of the Navy Alcohol and Drug Abuse Program is to prevent drug and alcohol abuse and to return eligible former drug and alcohol abusers to full duty status as soon as possible. When members are responsive to drug or alcohol abuse counseling or rehabilitation and/or respond to discipline, and are fully qualified for duty, they should be used in their primary rating specialty unless specifically prohibited by other directives.

(5) Personnel assigned to the Personnel Reliability Program (PRP), Submarine and other special programs occupy positions of critical importance to their units and to the security of the nation. Recognizing the investment the Navy has in these individuals, it is imperative that as many as is prudently possible be retained in their special program. Accordingly, members assigned to PRP, Submarine and other special programs, shall be disqualified from these programs when they are identified as drug abusers or alcohol dependent. They will be eligible for transfer back to their special program when they have

shown clear potential for productive, reliable future service and meet the established specific criteria of that program and/or specialty. The decision regarding eligibility of a member to return to full duty in a special program shall be made by the program manager upon the recommendation of his or her commanding officer after discipline (if appropriate), upon satisfactory response to counseling and/or rehabilitation programs (if required) and after a period of observation up to but not to exceed 180 days. The guidelines of BUPERSINST 5510.11D (NOTAL) including the requirement for continuous superior performance over a period of time, must also be adhered to in cases requiring recertification in the PRP. An eligible member will be assigned back to a special program billet as soon as possible and in accordance with NMPC assignment policies and the needs of the Navy. Program managers will promulgate specific instructions concerning criteria and procedures for reentry of such personnel into their respective programs.

(6) Nuclear Power Program personnel, because of the extremely critical and sensitive nature of the positions held and functions performed, will be permanently disqualified from that program when they are identified as drug abusers. If eligible for retention, these members may be returned to full duty and, where feasible, they will remain assigned to their force (type) in accordance with subparagraph 1d of enclosure (7). Where such is not feasible, they may be assigned elsewhere in the Navy. They may be assigned to another special program, as prescribed in subparagraph 6a(5), if they otherwise meet the established program manager criteria for that program or specialty. Nuclear Power personnel identified as alcohol dependent should be processed as prescribed for other special programs in subparagraph 6a(5).

(7) Civilian employees provide support, either directly or indirectly, to the naval operating forces. Consequently, substance abuse by civilian employees is a threat to the mission of the U.S. Navy, particularly when the offending employee occupies a position with critical function responsibility (see enclosure (7), paragraph 10).

(8) Drug and alcohol abuse cases must receive prompt evaluation and disposition. Rehabilitation is reserved for those with bona fide drug and alcohol abuse problems who are judged amenable to treatment and who show potential for further useful service. Drug and alcohol abuse program services will be provided at the lowest level of command that will best ensure the return of members to full duty. Those enlisted members E-1 through E-6 whose isolated abuse represents only a symptom of a discipline problem should be disciplined, counseled, educated and returned to duty, if permitted, as quickly as possible.

Repeat offenders, traffickers, and those who do not respond favorably to counseling, education or rehabilitation should be disciplined, as appropriate, and processed for separation from the naval service as soon as possible.

b. **Behavior and Performance.** Commanders, commanding officers and activity heads must respond to unacceptable behavior or performance with appropriate corrective actions. Uniform enforcement of existing rules and regulations and the policies specified in this instruction by officers, petty officers and civilian supervisors is vital to the success of this program.

7. **Procedures.** Specific Navy Alcohol and Drug Abuse Program procedures are contained in enclosures (1) through (13).

8. **Responsibilities**

a. **Deputy Chief of Naval Operations (Manpower, Personnel and Training) (OP-01)** is responsible for policy aspects of the Navy Alcohol and Drug Abuse Program including OPNAV staff interfaces with the Department of Defense and other agencies.

b. **Commander Naval Military Personnel Command (CNMPC) (NMPC-00/PERS-1)** is responsible for implementation of the Navy Alcohol and Drug Abuse Program. CNMPC shall:

(1) Coordinate with the Chief, Bureau of Medicine and Surgery, to provide operational quality control of alcohol and drug detoxification and residential alcohol rehabilitation at Navy hospitals.

(2) Maintain the Navy Alcohol and Drug Information System (NADIS), and the follow-on Substance Abuse Management Information Tracking System (SAMITS) providing for effective client tracking and generating the management information system report formats required by higher authority.

(3) Exercise command over Naval Alcohol Rehabilitation Centers and the Naval Drug Rehabilitation Center.

(4) Establish review boards to monitor the administrative action taken in the case disposition of officer and enlisted personnel to ensure the proper and expeditious processing of all cases in which alcohol and drug abuse are factors.

(5) Provide membership to second echelon Program Standardization and Quality Assurance teams. Teams shall be augmented by CNMPC (NADAP) personnel as required to ensure total program standardization and to provide feedback for policy enforcement purposes.

(6) Exercise command over CNMPC sponsored Navy Alcohol Safety Action Program and Navy Drug Safety Action Program (NASAP/NDSAP) detachments.

(7) Exercise program sponsorship over the Navy Alcohol Safety Action Program and the Navy Drug Safety Action Program (NASAP/NDSAP) sites controlled by local commands.

(8) Establish and maintain all Navy training and education requirements and objectives concerning drug and alcohol abuse.

c. **The Chief, Bureau of Medicine and Surgery is responsible for:**

(1) Developing, implementing and monitoring the medical aspects of the Navy Alcohol and Drug Abuse Program; providing detoxification, medical evaluation and rehabilitation for drug and alcohol abusers; and arranging aeromedical evacuation of members in a patient status.

(2) Establishing, operating and maintaining all Navy drug screening laboratories for urinalysis and other biochemical testing in support of service requirements.

(3) Ensuring all required reports on the hospital treatment of drug and alcohol abusers and drug or alcohol-related deaths are submitted to the Navy Alcohol and Drug Information System.

(4) Supporting second echelon commanders through assignment of a medical staff member to Program Standardization and Quality Assurance teams when required.

(5) Encouraging medical department personnel to support and participate in local command drug and alcohol abuse programs.

(6) Providing medical guidance in the development of alcohol and drug training and education curricula.

(7) Sponsoring and implementing a training program for Navy medical department personnel to enhance their capacity to recognize counsel and otherwise treat drug and alcohol abusing individuals.

(8) Conducting quality assurance inspections of Alcohol Rehabilitation Services (ARSs) in accordance and conjunction with normal Joint Committee on Accreditation of Hospital inspections.

**d. Chief of Naval Education and Training is responsible for:**

(1) Providing enlisted recruit, "A" school and apprentice school education programs in drug and alcohol abuse.

(2) Providing all officer candidates and officers in pre-fleet assignment and entry programs training in drug and alcohol abuse (except for the U.S. Naval Academy).

(3) Including drug and alcohol abuse curricula in Leadership and Management Education Training Program (LMET).

(4) Administering the drug abuse urinalysis identification program at Navy accession points.

**e. Chief of Information** shall provide overall public affairs policy guidance and, using materials provided by the Commander, Naval Military Personnel Command, shall disseminate substance abuse information to internal audiences and respond to media queries concerning substance abuse programs.

**f. Chief of Chaplains shall provide:**

(1) Overall advice, instructions, guidance and assistance regarding the Chaplaincy's involvement in support of the Navy Alcohol and Drug Abuse Program.

(2) Chaplains to designated billets at drug and alcohol abuse program field activities.

(3) Sponsorship and implementation of a training program for Chaplain Corps personnel to enhance their capacity to recognize drug and alcohol abuse, and to counsel members of the Navy and their dependents with regard to drug and alcohol abuse.

**g. Judge Advocate General of the Navy shall provide:**

(1) Overall advice, instructions, guidance and assistance regarding the legal aspects of the Navy Alcohol and Drug Abuse Program.

(2) Drug and alcohol abuse policy and procedural guidance to Navy judge advocates.

(3) Reports, as required, to the Navy Alcohol and Drug Information System.

**h. Naval Investigative Service (NIS)** is the lead agency in naval security, law enforcement, employment of military working dogs, criminal investigation, and counter-intelligence matters, and, as such, is responsible for maintaining liaison with other military, federal, local and foreign law enforcement, security and intelligence agencies. NIS is tasked to coordinate the implementation of these responsibilities with CNMPC as they interface with the Navy Alcohol and Drug Abuse Program.

**i. Commander, Navy Recruiting Command is responsible for:**

(1) Providing detailed procedural guidance to identify and screen out drug and alcohol abusers and drug traffickers seeking enlistment into the Navy in accordance with the provisions of this instruction.

(2) Providing detailed recruiting procedures for accepting into the naval service individuals who present indications of pre-entry drug and alcohol abuse but who show clear potential for creditable naval service.

**j. Commander, Naval Safety Center** shall make quarterly reports to CNMPC (NMPC-63) on all suicides, property damage, accidental deaths, injuries and other mishaps in which alcohol and/or drugs were determined to be a contributing factor. Enclosure (13) provides format and instructions for two reports.

**k. Second echelon commanders shall ensure that:**

(1) Administrative procedures and counseling and education programs are implemented and maintained, and assessment reports are submitted as required.

(2) Subordinate commands actively support local Navy Alcohol and Drug Abuse Program initiatives, including alcohol deglamorization, and implement drug and alcohol abuse countermeasures consistent with the threat environment.

(3) Criminal incidents involving drug and alcohol abuse that require investigative assistance are referred to the Naval Investigative Service or appropriate law enforcement agencies in compliance with reference (g).

(4) All subordinate activities comply with the provisions of references (a) and (k) through (m) regarding civilian employees.

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(5) Close coordination is maintained between installation security personnel, the regional Navy Drug and Alcohol Advisory Council, Naval Investigative Service and Federal and local law enforcement agencies in compliance with reference (q).

(6) Adequate inspection programs are in effect covering persons, vehicles and property entering and exiting naval installations, vessels, and aircraft.

(7) Subordinate commands provide sufficient facilities and other resource support for the NADAP elements and programs under their cognizance.

(8) Subordinate commands are conducting urine testing in accordance with established policies and procedures.

(9) Quality control of the Counseling and Assistance Centers (CAACs) and other drug and alcohol program elements under their control is maintained. This shall be accomplished through the use of second echelon Program Standardization and Quality Assurance teams which shall perform onsite inspection/assist visits to commands possessing CAACs and other program elements (e.g., ARSs) on a periodic basis, but not less than once every 12 months. Membership on second echelon Program Standardization and Quality Assurance teams shall be augmented by CNMPC (NADAP) personnel.

(10) Human Resource Management Centers are utilized to assist commands and the chain of command in the development of individual command drug and alcohol abuse control programs as necessary.

(11) Quarterly input is submitted in accordance with reporting procedures contained in enclosure (13).

**2. Area Coordinators shall:**

(1) Evaluate the nature and extent of drug and alcohol abuse within the area and provide reports as required.

(2) Monitor all area investigative, law enforcement, detection and deterrence programs to ensure maximum effectiveness, uniformity of countermeasures and area cooperation among Navy and other military commands and to provide appropriate interface with civilian organizations and agencies.

(2) Evaluate existing military and civilian programs to provide recommendations for change when appropriate.

(4) Ensure that Regional Navy Drug and Alcohol Advisory Councils (NDAACs) are established to coordinate and monitor regional alcohol and drug abuse programs.

(5) Establish Executive Area Navy Drug and Alcohol Advisory Councils (NDAACs) to coordinate and monitor area alcohol and drug abuse programs. These executive councils will:

(a) Meet quarterly or at the call of the chair.

(b) Consist of representatives, as deemed appropriate, from regional/local NDAACs and other professional and functional representatives in the field of alcohol/drug control.

(c) Monitor drug and alcohol abuse detections, Drug Detection Dog activity, DWI, and security reports to determine the required drug and alcohol abuse threat, trends and prospective remedies.

(d) Monitor area urine testing to ensure that testing levels and methods are appropriate to the drug abuse threat and are consistent with the current Navy and DOD directives.

(e) Require Regional Coordinators and appropriate commanders to assess the availability of drug abuse paraphernalia in the vicinity of Navy installations through their Armed Forces Disciplinary Control Boards and in conformity with the Armed Forces Disciplinary Control Boards and Off-Installation Military Enforcement Guidance (reference (g)), take appropriate action when the availability of drug abuse paraphernalia reveals a threat to the discipline, health, welfare and morale of the armed forces.

(f) Analyze the nature, extent and effect of the drug and alcohol abuse threat in the area. Regional councils will provide a report of council activities and regional threat assessment to the area coordinator. The area council shall submit a report of council activities and area threat assessment to CNO (OP-01) (as required in enclosure (13)).

**m. Regional Coordinators shall:**

(1) Evaluate the nature and extent of drug and alcohol abuse within the region and provide reports as required.

(2) Monitor regional investigative, law enforcement, detection and deterrence programs to ensure maximum effectiveness, uniformity of countermeasures and

regional cooperation among Navy and other military commands and to provide appropriate interface with civilian organizations and agencies.

(3) Evaluate existing military and civilian programs to provide recommendations for change when appropriate.

(4) Provide for establishment of NDAACs by local coordinators at designated shore activities where geographic location makes participation in the Regional NDAAC impractical.

(5) Establish Regional Navy Drug and Alcohol Advisory Councils (NDAACs) to coordinate and monitor regional alcohol and drug abuse programs.

(a) The NDAAC must meet at the call of the chair or at least quarterly.

(b) Membership consists of representation, as deemed appropriate, from local NDAACs and other professional and functional representatives in the field of alcohol/drug control.

(c) The NDAAC is responsible for:

1 Analyzing the nature, extent, and effect of the local substance abuse threat, including the availability of drug abuse paraphernalia, and developing periodic threat assessments. The council chairperson will forward the assessment of the substance abuse threat quarterly to the appropriate second echelon commander and the appropriate area coordinator for inclusion in the quarterly reporting requirements contained in enclosure (13).

2 Developing an action plan to combat the drug and alcohol abuse threat in the region, including the use of drug detector dogs (as available), investigation of alcohol and drug offenses, liaison with other interested agencies, crime prevention, training of prevention personnel and urinalysis testing.

(7) Designate a senior representative to represent the region on the area Executive Drug and Alcohol Abuse Council.

n. Unit Commanders, Commanding Officers, and Officers-in-Charge shall be fully cognizant of the Navy Alcohol and Drug Abuse Program, shall aggressively support program activities, and take corrective measures in

cases of personnel involved in drug and alcohol abuse. Specifically, unit commanders, commanding officers and officers-in-charge are responsible for:

(1) Documenting specific individual instances of substandard duty performance, entering reference to drug or alcohol abuse through appropriate administrative record entries and in the submission of required reports.

(2) Reviewing status of personnel involved in drug use and alcohol abuse incidents, and ensuring that appropriate disciplinary and/or administrative action is taken.

(3) Ordering urinalysis tests on a unit sweep (when authorized) or random sampling basis when considered appropriate, and ensuring that urinalysis or breathalyzer tests are conducted on an individual basis when there is a reasonable suspicion of drug or alcohol abuse (see enclosure (4)).

(4) Consulting with medical and drug and alcohol abuse program personnel when substandard performance, aberrant behavior or misconduct is suspected to be drug or alcohol abuse related.

(5) Training personnel in drug and alcohol abuse prevention and control.

(6) Interviewing or counseling subordinates concerning poor job performance or misconduct and, where appropriate, exercising judicious use of suspended punishment to motivate and channel an abuser into remedial education or rehabilitation programs.

(7) Conducting screening for overseas assignment, as set forth in the Enlisted Transfer Manual, paragraph 4.011, to ensure that members with a history of multiple alcohol or drug related incidents are not considered for overseas duty.

(8) Submitting Substance Abuse Reports (as required in enclosure (13)) documenting confirmed individual cases of drug or alcohol abuse.

o. Officer and enlisted supervisory personnel are responsible for exercising positive leadership and demonstrating full support of the Navy Alcohol and Drug Abuse Program. Supervisors shall:

(1) Ensure adequate education, training and motivation of subordinates to facilitate the development of group peer pressure that rejects the abuse of drugs and

alcohol and reinforces, both on and off duty, growth-enhancing individual and social activity.

(2) Observe individuals under their supervision, and document evidence of substandard performance or misconduct that are often indicators of drug or alcohol abuse problems.

p. All personnel are responsible and fully accountable for their personal activities relating to drug and alcohol abuse and for any substandard performance or illegal acts resulting from such activities. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse to their immediate supervisor or commanding officer, security agency (e.g., base police or MAA), or local office of the NIS. Members of the naval service having knowledge of an offense committed by a person in the naval service, including a drug offense, are required by Article 1139, U.S. Navy Regulations (1973) to report such an offense. Failure to do so constitutes an offense under Article 92, Uniform Code of Military Justice.

(2) Encouraging persons suspected of having an existing or potential drug or alcohol abuse problem to seek assistance.

(3) Immediately notifying the appropriate commanding officer when abuse exists. The commanding officer must be fully advised of the circumstances, so that he/she may personally evaluate the impact on the readiness of the unit.

## 9. Reports and Forms

a. **Reports.** The following reports are approved for 3 years only from the date of this directive:

FORM NUMBER	TITLE	STOCK NUMBER
OPNAV 5350/1	Drug & Alcohol Abuse Statement of Understanding	0107-LF-053-5505
OPNAV 5350/2	Urine Sample Custody Document	0107-LF-053-5510
OPNAV 5350/3	Drug & Alcohol Abuse Program Statement (Entry)	0107-LF-053-5515
OPNAV 5350/4	Drug & Alcohol Abuse Program Statement (Exit)	0107-LF-053-5520
OPNAV 5350/5	Substance Abuse Quarterly Report (Part A) (Part B) (Part C)	0107-LF-053-5550 0107-LF-053-5555 0107-LF-053-5560
OPNAV 5350/6	Quarterly Report of Safety Incidents With Drug or Alcohol Involvement	0107-LF-053-5530

(1) Substance Abuse Report required by enclosure (13), TAB A, is assigned Report Control Symbol OPNAV 5350-2.

(2) Substance Abuse Quarterly Report required by enclosure (13), TAB B, is assigned Report Control Symbol DD-HA(Q) 1094 (5350).

(3) Quarterly Report of Safety Incidents with Drug or Alcohol Involvement required by enclosure (13), TAB C, is assigned Report Control Symbol DD-HA(Q) 1588(5350).

(4) Report of Personnel Who Cause Drug or Alcohol Involved Safety Incidents required by enclosure (13) paragraph 4, is assigned Report Control Symbol OPNAV 5350-3.

(5) Report of Military Clients in Treatment or Rehabilitation for Drug/Alcohol Abuse required by enclosure (13), paragraph 5, is assigned Report Control Symbol DD-HA(Q) 1587(5350).

(6) Navy Drug and Alcohol Advisory Council Report required by enclosure (13), paragraph 7, is assigned Report Control Symbol OPNAV 5350-5.

(7) Urine Sample Custody Document and Report of Laboratory Urinalysis required by enclosure (4), TAB B, subparagraphs 1j and 2f, are assigned Report Control Symbol OPNAV 5350-4.

## b. Forms

(1) The following forms are available from local Navy Publication and Printing Service Offices until March 1983. After that date, they will be available through local supply channels in accordance with NAVSUP P-2002.

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(2) DD 1384, Transportation Control and Movement Document, SN 0102-LF-013-5700 is available through normal supply channels in accordance with NAVSUP P-2002.

(3) DD 1966/5, Application for Enlistment - Armed Forces of the United States, SN 0102-LF-001-9669

is available through normal supply channels in accordance with NAVSUP P-2002.

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Definitions

The following definitions are for operational use within the alcohol and drug abuse programs of the Navy. They do not change definitions in statutory provisions, regulations or directives that are concerned with personnel administration, medical care, or with determination of misconduct and criminal or civil responsibilities for persons' acts or omissions.

Alcohol Abuse. The use of alcohol to an extent that it has an adverse effect on the user's health or behavior, family, community, or the Navy, or leads to unacceptable behavior as evidenced by an alcohol-related incident (or incidents).

Alcohol Dependence/Alcoholism. The psychological and/or physiological reliance on alcohol resulting from use on a periodic or continuing basis. (See also "Physical/Psychological Dependence").

Alcohol-related Incident. Any incident in which alcohol is a factor. Even though driving while intoxicated (DWI)/driving under the influence (DUI) and drunk-in-public are clearly alcohol-related incidents, other types of incidents, particularly those requiring medical care, or involving a suspicious public or domestic disturbance, must be carefully evaluated to determine if alcohol is an underlying factor.

Alcoholic. An individual who is alcohol dependent.

Alcoholism Treatment Specialist will become Substance Abuse Treatment Specialist, refer to definition under Substance Abuse Treatment Specialist.

Collateral Duty Alcoholism Advisor (CODAA) will be replaced by Substance Abuse Coordinator, refer to definition under Substance Abuse Coordinator.

Completion of Alcohol Abuse Program. An alcohol dependent or abusing individual is considered to have successfully completed an alcohol abuse program when the recovered individual has completed all Drug and Alcohol Abuse Regimen requirements, is otherwise fully qualified for duty, and the commanding officer has executed the Rehabilitation Program Exit endorsement in accordance with the provisions of enclosure (7), paragraph 8 and TAB A.

Completion of a Drug Abuse Program. A drug dependent or abusing individual is considered to have successfully completed a drug abuse program when the recovered individual has completed all of

Enclosure (1)

his/her Drug and Alcohol Abuse Regimen requirements, is otherwise fully qualified for duty, and the commanding officer has executed the Rehabilitation Program Exit endorsement in accordance with the provisions of enclosure (7), paragraph 8 and TAB A.

Controlled Substance. Those substances listed in Schedules I-V established by § 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 USC § 812 as updated and republished under the provisions of that Act. Substances listed include but are not limited to marijuana, narcotics, hallucinogens/psychedelics and specific depressants and stimulants.

Counseling. The process of providing intervention, assistance, consultation and aftercare service by means of a nonresidential program to personnel impaired by the use of alcohol or drugs.

Counseling and Assistance Center (CAAC). A nonresidential facility providing screening and referral services as well as representation on the regional Navy Drug and Alcohol Advisory Council.

Depressants. Sedative-hypnotic drugs of diverse chemical structure all capable of inducing varying degrees of behavioral depression. Depending on dose, can cause sedative, tranquilizing, hypnotic (sleep), or anesthetizing effect. Most common categories of depressants include: barbiturates (e.g., phenobarbital, secobarbital), tranquilizers or the benzodiazepines and methaqualone.

Detoxification. Inpatient medical and psychological management of the alcohol and drug withdrawal processes.

Drug Abuse. Any illicit use or possession of drugs.

Drug Abuse Paraphernalia. All equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana, narcotic substances, or other controlled substances in violation of law. Enclosure (1) of reference (a) includes a listing of common forms of property that can fall within the definition of drug abuse paraphernalia.

Drug Abuser. One who has illicitly used or possessed any narcotic substance, marijuana, or other drug.

Drug and Alcohol Program Advisor (DAPA) will be replaced by Substance Abuse Coordinator, refer to definition under Substance Abuse Coordinator.

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Drug and Alcohol Abuse Counselor. Provides evaluation and referral services at the local Counseling and Assistance Center to assist local commands in the processing of individuals identified as drug or alcohol abusers. Provides individual and group counseling services to military drug or alcohol abusers. Provides a contact point for commands and individuals seeking assistance or information concerning alcohol or drug abuse and/or abuse control programs. (The Navy Enlisted Classification for this position is 9522)

Drug Dependent. Having a psychological or physiological reliance on a drug resulting from use on a periodic or continuing basis. (See also "Physical/Psychological Dependence".)

Drug Possession. The exercise of actual physical custody and control, or the exercise of dominion and control, over a controlled substance. Merely being in the presence of another person who is in possession of a substance, or merely knowing the location of a substance, does not constitute possession. The substance does not, however, have to be in the hands of a person or otherwise on the person. Possession may be established by the fact that the substance was found on the premises or in a place over which a person exercises dominion and control. Two or more persons may be in possession of a substance. It should be emphasized, however, that a member having knowledge of an offense committed by persons in the naval service, including a drug offense, is required by Article 1139, U. S. Navy Regulations, 1973, to report that offense, and could be prosecuted under Article 92, UCMJ, for failure to do so.

Drug-related Incident. Any incident in which drugs are a factor. For the purposes of this instruction, voluntary self-referral, use or possession of drugs or drug paraphernalia, or drug trafficking constitute an incident. Other types of incidents must be carefully evaluated to determine if drugs are an underlying factor where medical care is required, or suspicious public or domestic disturbance has taken place.

Drugs. Marijuana, narcotics, and all other controlled substances as listed in Schedules I-V established by § 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 USC § 812 as updated and republished under the provisions of that Act.

Drug Trafficking or Supplying. The wrongful distribution (includes sale or transfer) of a controlled substance, and/or the wrongful possession or introduction into a military unit, base,

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station, ship, or aircraft of a controlled substance with the intent to distribute.

Education/Prevention and Referral Programs. Assistance services provided on a nonresident basis designed to increase awareness and educate, positively motivate, and promote zero tolerance of drug and alcohol abuse among personnel. Such services include NASAP/NDSAP, motivational training, and educational outreach programs typically offered at the Substance Abuse Program Levels I and II (see enclosure (6)).

Hallucinogens/Psychedelics. A group of diverse, heterogeneous compounds all with the ability to induce visual, auditory, or other hallucinations and to separate the individual from reality. Depending on substance and dose, can cause disturbances in cognition and perception. Most common categories are: LSD; mescaline and peyote; psilocybin; and psychedelic amphetamine variants (STP, MDA). Although a unique drug, for purposes of this instruction, phencyclidine (PCP) will be labeled in this general drug class.

Marijuana. Any intoxicating product of the hemp plant, cannabis (including hashish), or any synthesis thereof. For purposes of the instruction the terms marijuana and cannabis are used interchangeably.

Narcotics. Any opiates or opiate derivatives, including their synthetic equivalents. Included as opiates are morphine, codeine, heroin, Methadone, Talwin, Percodan, Darvon, etc.

Navy Alcohol Safety Action Program/Navy Drug Safety Action Program Detachment. A facility providing educational programs for alcohol/drug abuse prevention, civilian court interface for DWI and similar offenses, screening/referral, support and coordination in alcohol/drug abuse prevention to local and afloat commands, as well as representation and expert information on substance abuse prevention to the regional Navy Drug and Alcohol Advisory Council (NDAAC).

Physical/Physiological Dependence. An alteration to an individual's physiology or state of adaptation to a drug or alcohol that manifests itself in continued use, the development of tolerance, leads to a state of impaired capability to perform normal functions, and results in withdrawal symptoms when the drug is discontinued abruptly.

Polydrug abuse. The abuse of two or more drugs during the same relative time period where none can be considered

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a primary drug of abuse; the abuse of the drugs simultaneously is not implied.

Psychological Dependence. The craving or need for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform normal functions.

Recovered Alcoholic. A person whose alcoholism has been arrested through abstinence.

Recovered Drug Abuser. A person whose illicit use of drugs has terminated and whose drug dependence, if applicable, has been arrested through abstinence.

Rehabilitation. The process of restoring to effective functioning persons impaired by or dependent upon the use of alcohol or drugs.

Stimulant. Widely diverse category made up of central nervous system stimulant drugs that increase the behavioral activity of an individual. Most common categories of abused stimulants include cocaine and amphetamines.

Substance Abuse. The use of alcohol, a drug or other substance to the extent that it has an adverse effect on the user's health, personal or professional behavior, family, community, or the naval service.

Substance Abuse Coordinators (SACs) will replace both the DAPA and CODAA positions at the unit level and are responsible for advising the unit commanding officer in all aspects of the drug and alcohol abuse program. SACs will provide onboard education, prevention, screening, command counseling, aftercare, probationary supervision, motivational training services and referral.

Substance Abuse Treatment Specialist. Assists medical officers and other professional staff personnel in establishing and maintaining formal treatment programs for active duty, retired and reserve personnel and dependents assigned to Alcohol Rehabilitation Centers/Services and Counseling and Assistance Centers. Conducts individual and group therapy sessions during rehabilitation periods; maintains statistical data on patients' progress and prepares summary reports; assists personnel being treated to return to full duty; and assists local commands to establish drug and alcohol abuse prevention, education, identification, safety and rehabilitation programs. (The Navy Enlisted Classification for this position is 9519.)

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Program Organizational Structure1. Purpose

a. To achieve maximum standardization of drug and alcohol abuse services throughout the Navy.

b. To achieve and maintain the highest quality of drug and alcohol abuse program services delivery for all eligible Navy personnel.

c. To consolidate and streamline Navy Alcohol and Drug Abuse Program (NADAP) command and control within the standard Navy chain-of-command.

2. Organization concept The Navy Alcohol and Drug Abuse Program organization functions within the normal Navy chain of command and area coordination structure as outlined in paragraph 8 of this instruction. This organizational structure is presented in TAB A. This enclosure prescribes duties and responsibilities for other commands, facilities and personnel having unique NADAP mission requirements.

a. Major Claimant Alcohol and Drug Control Officers (ADCOs) manage the drug and alcohol intervention assets controlled by each major claimant, and advise the major claimant on the promulgation of local command drug and alcohol policy and procedures. In addition they have staff responsibility for maintaining quality assurance over all program elements under their cognizance, particularly in the areas of professional training, standards and services delivery.

b. Shore activity commanding officers shall:

(1) Implement drug and alcohol abuse countermeasures which are consistent with the drug and alcohol abuse threat environment of the base and local community.

(2) Provide adequate facilities and other resource support for drug and alcohol abuse prevention and control programs at field activities.

(3) Encourage commanding officers and supervisors of tenant commands to actively support the Navy Alcohol and Drug Abuse Program, including alcohol deglamorization.

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(4) Ensure that criminal incidents involving drug and alcohol abuse that require investigative assistance are referred to the Naval Investigative Service or appropriate law enforcement agencies in compliance with reference (q).

(5) Ensure that all activities comply with the provisions of references (a) and (k) through (m) regarding their civilian employees.

(6) Ensure close coordination between installation security personnel, the regional Navy Drug and Alcohol Advisory Council, Naval Investigative Service and Federal and local law enforcement agencies in compliance with reference (q).

(7) Ensure that an adequate inspection program is in effect covering persons, vehicles and property entering and exiting naval installations, vessels, and aircraft.

(8) Establish, as appropriate, a base/station level advisory council to coordinate and monitor the command's and tenant activities' drug and alcohol abuse control programs.

(9) Designate a senior representative to represent the activity on the Regional NDAAC.

c. Commanding Officers, Naval Alcohol Rehabilitation Centers/Naval Drug Rehabilitation Center report to the Commander, Naval Military Personnel Command as identified in TAB A. They will provide expertise to the major claimants as requested. In addition commanding officers of Naval Alcohol Rehabilitation Centers also report, in an additional duty (ADDU) status, to the Regional Coordinator of the area in which they serve. Commanding officers of these residential treatment centers will also represent the rehabilitation program as members of the Regional Navy Drug and Alcohol Advisory Council, and provide professional training for NADAP personnel.

d. Afloat unit commanding officers are responsible for NADAP implementation at the command level. They are tasked to aggressively support program activities and appropriately utilize discipline, all available deterrents, counseling, education and rehabilitation and the full range of detection measures available to eliminate the effects drug and alcohol abuse from their commands. They are to utilize the expertise of NADAP trained Substance Abuse Coordinators under their command in determining unit threat assessment and case disposition.

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e. Counseling and Assistance Center (CAAC) Directors report to their cognizant major shore activity commander. They are assigned responsibilities for screening/referral and "outreach" assistance to commands located in the assigned area.

f. Navy Alcohol Safety Action Program/Navy Drug Safety Action Program (NASAP/NDSAP) Detachment Directors report to CNMPC or to their cognizant major shore activity commander if they are command sponsored sites. NASAP/ NDSAP Programs afloat are conducted by command sponsored personnel or by the nearest NASAP/NDSAP office.

g. Substance Abuse Coordinator (SACs) are responsible to the commanding officer for all drug and alcohol abuse Level I programs, including:

(1) Advising the commanding officer on the administration of the command alcohol and drug abuse program.

(2) As directed by the commanding officer, conducting on-board screenings of identified drug and alcohol abusers to determine the severity of their drug and/or alcohol problems, amenability to assistance, and providing input as to prognosis of successful program completion.

(3) Conducting the Level I drug and alcohol abuse prevention, education, and counseling program for the command (see enclosure (6)).

(4) Monitoring, when required, members who return to command following completion of Level II and III programs with the aftercare or follow-on support recommendations of rehabilitation facility (see enclosures (6) and (7)).

(5) Serving as the command self-referral procedure agent (see enclosure (5)).

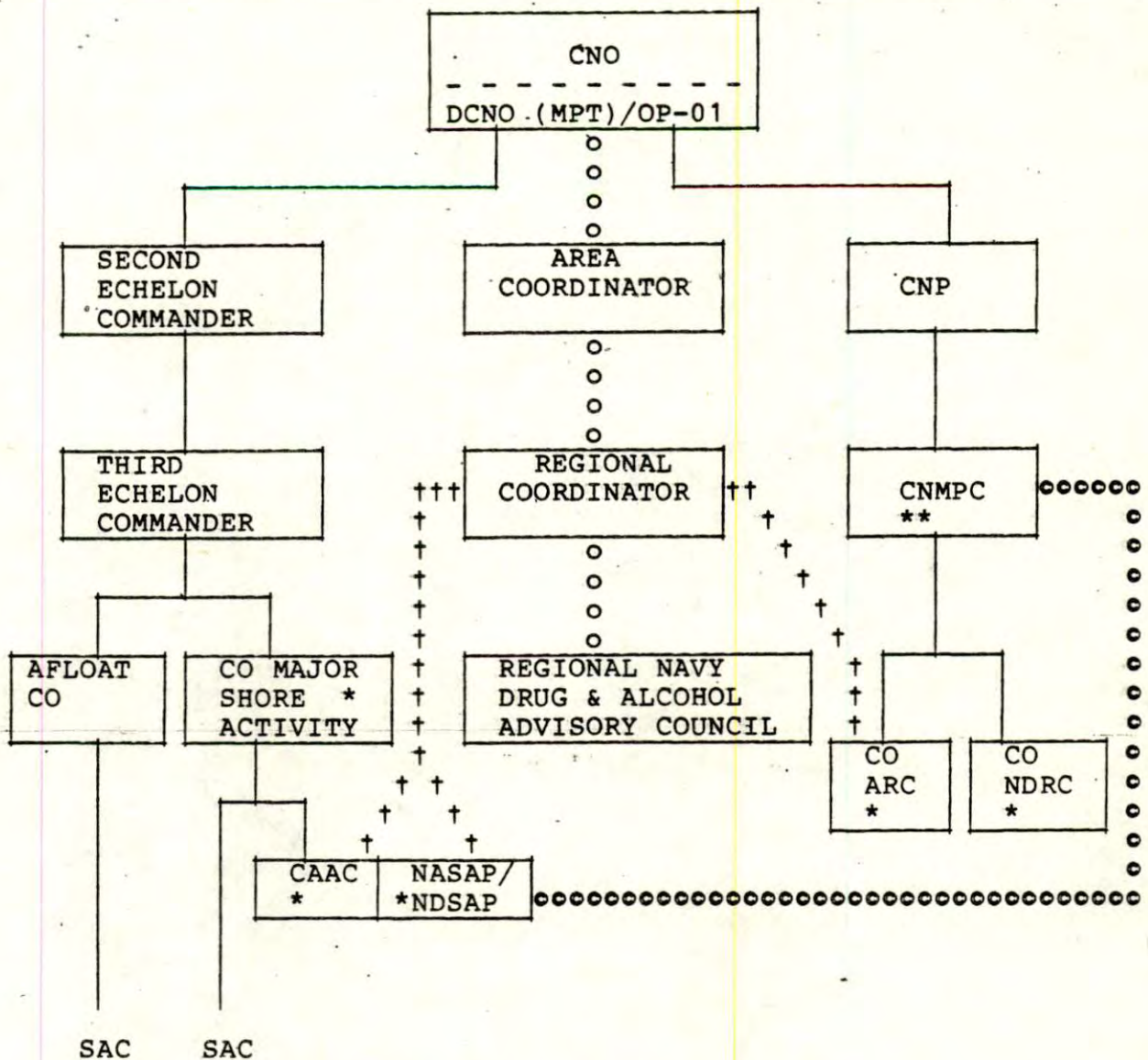
(6) Preparing Substance Abuse Reports as prescribed in enclosure (13).

All Navy commands are required to have a minimum of one member assigned to the collateral duty of SAC. Larger commands should assign SACs on the ratio of one SAC per 500 personnel attached. Commanding officers may appoint as many SACs as necessary to satisfy command requirements. Large commands having greater than 1000 personnel assigned should consider assigning at least one SAC on a full time basis.

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3. Staffing Considerations. In administering alcohol and drug abuse programs serving military and civilian personnel and families, special attention should be given to representation of women and specific minority groups among program administrators and counselors and those selected for special training so that they reflect the work force and client population being served.

NAVY ALCOHOL AND DRUG ABUSE PROGRAM ORGANIZATION



- \* - Membership on the regional NDAAC
- \*\* - Provides a member to major claimant (second echelon) Program Standardization and Quality Assurance Team

**LEGEND:** ----- Operational chain of command  
 oooo Shore activity coordination  
 ++++ Assigned Additional Duty  
 ..... NASAP/NDSAP Program Manager

Enclosure (2)  
TAB A

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Detection and Deterrence

1. Policy. The responsibility for drug and alcohol abuse prevention rests primarily with the individual; however, the Navy will establish and firmly enforce policies, programs and procedures designed to deter the incidence of drug and alcohol abuse.

2. Command attitude. Commanders, commanding officers, officers-in-charge, and supervisors will take the lead in establishing a command environment that discourages drug and alcohol abuse. In implementing the Navy's policies, command drug and alcohol abuse programs shall, as a minimum, include the following:

a. Information. Essential to all drug and alcohol abuse prevention efforts is an effective information program. All available publicity resources shall be used to deglamorize alcohol abuse and to emphasize the Navy's "Zero Tolerance" policy regarding drug and alcohol abuse.

b. Education. Education is supportive of the development of appropriate attitudes and behaviors concerning drug and alcohol abuse. It provides Navy personnel and their dependents with reliable facts on the deleterious effect of drug and alcohol abuse on their health, welfare and personal safety. Commanding officers are urged to utilize available resources to provide drug and alcohol education to their personnel.

c. "Appropriate use". As a matter of general policy, commands should strive for maximum productivity during working hours. Consumption of alcoholic beverages just prior to or during working hours is detrimental to this goal. It is the personal decision of an individual to use alcoholic beverages lawfully; however, it is essential that such use not interfere with the efficient and safe performance of the individual's military duties, not reduce his/her dependability, and not reflect discredit upon himself/herself personally or upon the Department of the Navy. Moderation by those who choose to drink alcoholic beverages is the expected standard of conduct.

d. Deglamorization element. Commands will make every effort to deglamorize alcohol abuse by eliminating those traditional practices which may overtly or covertly encourage personnel to drink irresponsibly. Peer pressure and an individual's need to "fit in" are powerful motivators which should be directed toward positive, growth enhancing activity. Consequently, responsibility and moderation should be

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emphasized at ship's parties and picnics, happy hours, "wetting down" and advancement celebrations, initiations, hail and farewell parties, graduations, beach parties, etc. Additionally, recovered alcoholics and others who choose to abstain from drinking should be encouraged to attend and participate in these traditional Navy functions, which in themselves are a welcome part of Navy life. At all command functions where alcoholic beverages are served, adequate quantities of non-alcoholic and low-calorie beverages must also be provided.

e. "Appropriate alternative". Commands shall, to the extent practicable, encourage social activities and greater use of all recreational facilities, particularly at overseas and isolated bases. It should be recognized that recreational programs and services represent an alternative to drug and alcohol abuse not only as a deterrent, but also as a primary element in a command counseling/rehabilitative setting. Both innovation and creative leadership, combined with additional appropriated fund support of recreation facilities justified for the emotional and physical well-being of Navy personnel, can help to deter drug and alcohol abuse by promoting use and ensuring the adequacy of recreational alternatives. Commands shall ensure at least some alternative recreational facilities remain open as late as on-station bars/cocktail lounges, so that these facilities are not the only off-duty/leisure time option available to those who choose not to drink.

f. Health and physical fitness. Peer pressure and boredom are known to be significant contributors to illicit experimentation with use of drugs. Thus, commanders shall emphasize physical fitness programs specifically designed to involve Navy members in healthy and productive off-duty physical activities afloat and ashore.

### 3. Identification of Drug and Alcohol Abuse Policy Violators

a. Detection Program. Detection and identification programs should be pursued vigorously and on a continuing basis to achieve two purposes:

(1) Immediate detection of drug and alcohol abuse and identification of abusers.

(2) Prevention and deterrence of future incidents of drug and alcohol abuse.

b. Searches. Specific searches should be conducted for contraband to include:

(1) Gate and quarterdeck searches overseas to include members, vehicles and parcels, including off-ship working parties upon return to the ship, as may be directed by the commanding officer, leaving no element of the search to the discretion of the personnel conducting the search.

(2) Special searches of ship's boats used to transport working parties and stores.

(3) Searches conducted when there is probable cause to believe that an offense has been committed and that evidence of the offense will be discovered by the search. This includes probable cause searches of mail in the military postal system overseas.

c. Inspections. Conduct continuing programs of health and welfare and military inspections, employing drug detection dogs as appropriate, to include:

(1) Messing and berthing inspections.

(2) Zone/material inspections (especially working and storage spaces).

(3) Sea-bag/locker inspections, including inspections conducted immediately upon reporting, either directly by duty MAA or indirectly with the LPO assisting member to unpack.

(4) Gate and quarterdeck inspections in CONUS, to include vehicles, members and parcels, as may be directed by the commanding officer, leaving no element of the inspection to the discretion of the personnel conducting the inspection.

(5) Random inspection of mail in the military postal system overseas, in locations where the United States Postal Service does not operate a civilian postal facility, using drug detection dogs, fluoroscopes or similar means. (See DOD Postal Manual, DOD 4525.6-M (NOTAL)).

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d. Competence for duty examinations

(1) Where there is reason to suspect a military member is illegally under the influence of a controlled substance or alcohol while on duty, that member shall be immediately relieved from duty and referred to the appropriate medical personnel for evaluation of competence for duty in accordance with reference (j).

(2) Where there is reason to suspect that a civilian employee on duty is illegally under the influence of a controlled substance or alcohol, the employee shall be immediately relieved from duty and referred to appropriate medical personnel for evaluation for competence for duty to determine whether the employee can perform his/her duties. The employee must be offered the civilian employee assistance program (CEAP) established by reference (k). Provisions of reference (a) apply with regard to urinalysis testing of civilian employees in general, including competence for duty examinations. All naval medical facilities shall perform competency for duty examinations.

e. Security and Law Enforcement. Maintain positive security controls over spaces suspected of being havens for drug and alcohol abuse, including voids, storerooms, fan rooms, recreational areas, and working spaces. Take action as required to increase the presence or anticipated presence of authority throughout the command to deter policy violations. The presence of leading petty officers in crew spaces and of supervisors in work spaces on a regular but unpredictable basis is effective.

(1) The reliability of security patrols must be ensured through continuous testing and leadership emphasis, including patrols by commissioned and warrant officers, and chief petty officers.

(2) Ensure that the names and punishments awarded members found guilty of offenses at all disciplinary proceedings, including Captain's Mast, are published.

f. Voluntary Self-referral for Rehabilitation. Enforcement and command directed programs are essential means of achieving a drug-free naval service. However, a means is required to enable those who are psychologically or physiologically drug or alcohol dependent and want help, to obtain help without risk of disciplinary action. A procedure for voluntary self-referral for rehabilitation is established in enclosure (5).

g. Urinalysis. The use of urinalysis testing for controlled substances constitutes a major means of detecting and deterring

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drug abuse. The ability to detect the presence of controlled substances through urinalysis eliminates speculation as to drug abuse and supports actions needed to rehabilitate, discipline, or separate identified offenders. Urinalysis will be used to the maximum extent feasible. The following general policy applies:

(1) Officers and enlisted personnel in the accession and prefleet entry phase of their careers will be screened on a regular basis as outlined in enclosure (4) to identify drug abusers. Officers, officer candidates, midshipmen, and chief petty officers identified as drug abusers shall be processed for separation immediately. Officer accessions with an enlisted status or an enlisted obligation will be immediately disqualified for commission and treated as enlisted for disposition as appropriate. All enlisted recruits will be tested by urinalysis for drug abuse within 48 hours of reporting to an RTC. Recruits not enlisted into a nuclear power program who screen positive on this first test (for cannabis only) will be retested in about 30 days. No entry will be placed in the individual's record and no administrative or disciplinary action will be taken on this first screened positive for cannabis finding since the results will not be subjected to confirmatory analysis. If the recruit screens positive on retest and the results are confirmed by laboratory analysis, that recruit will be processed for separation immediately. Recruits enlisted into a nuclear power program who screen positive for cannabis on the initial 48 hour test shall have the results of the positive screen forwarded for laboratory confirmation. Those nuclear power program recruits who have a confirmed positive urinalysis will be disenrolled from the nuclear power program, will be retested in about 30 days (as provided for above) and will be otherwise processed in accordance with paragraph 2e(1) and (2) of enclosure (7) as regards disciplining and retention. Recruits whose urinalysis screens positive for illegal drugs other than cannabis will be processed for separation immediately upon receipt of laboratory confirmation of illegal drug use. Any enlisted bonus due shall not be paid until results of urinalysis have been received and verified to be negative.

(2) All active duty personnel including officers, officer candidates, midshipmen, and enlisted members are subject to urinalysis testing on an inspection basis as part of a random sampling or unit sweep. Authority for conducting such tests is outlined in enclosure (4). Frequency of testing should be based on local area drug prevalence, command indicators (e.g. performance, safety violations, incidence of drug offenses, etc.) and capability of testing assets. U. S. Navy personnel are also subject to urinalysis testing on an individual basis whenever there is reasonable suspicion of drug abuse as outlined in enclosure (4). Tests may also be ordered as a search based on probable cause in accordance with the Military Rules of Evidence.

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#### h. Driving Under the Influence of Drugs and/or Alcohol.

During 1981, 853 military personnel were killed and over 4,000 injured in documented accidents involving private and government vehicles. Drinking and drunk driving were contributing factors in more than half of the fatalities. Not reflected in these figures are the number of fatalities and injuries directly attributable to drug abuse, or to the combination of drugs and alcohol, since viable roadside tests are not yet available to detect driving under the influence of marijuana and other drugs. As evidenced by the statistics available, driving under the influence of drugs and alcohol costs the military services an estimated \$110-150 million per year in manpower and material resources. To stop these unwarranted losses in human lives and resources, in accordance with reference (i), commanding officers must utilize every method available to detect and deter driving under the influence of drugs and alcohol including:

- (1) The use of driving mazes at installation gates;
- (2) Random vehicle inspections, including vehicle sweeps using drug detector dogs;
- (3) Breathalyzer tests in instances where there is suspicion of alcohol intoxication (see reference (i));
- (4) Urinalysis tests where there is suspicion of drug usage (see enclosure (4)).

Individuals determined to be driving under the influence of alcohol and/or drugs shall be dealt with as provided under paragraphs 2b and 3b of enclosure (7).

i. Seizure of vehicle and vessels. Federal law provides for the forfeiture of all conveyances, including vehicles and vessels, that have been used to facilitate the transportation, sale, receipt, possession, or concealment of drugs in violation of law. Vehicles found on the installation to contain drugs or other contraband shall be seized as potential evidence by Security. Seized vehicles owned and operated by individuals who are not subject to the UCMJ shall be released to appropriate civilian law enforcement authorities having jurisdiction over the particular case. Seized vehicles owned or operated by individuals subject to the UCMJ may be detained as evidence pending disciplinary action and shall be screened by the Staff Judge Advocate for referral to the Drug Enforcement Administration for possible forfeiture. When a vehicle is seized under these circumstances, the owner, if other than the driver, and the Staff Judge Advocate shall be notified of the seizure and the reasons therefor as soon as possible.

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j. Revocation of on-base driving privileges and vehicular registration. Denial of on-base driving privileges and vehicular registration is an effective sanction in combating the movement of illicit drugs and drug paraphernalia. Consideration shall be given to revoking or suspending either or both installation driving privileges and vehicular registration when an individual operates a vehicle while under the influence of drugs or when a vehicle registered at a military installation is used to facilitate the illegal sale, transportation, transfer, possession, use, or concealment of drugs or drug paraphernalia. All such violations shall be reported to Security with a view toward revocation of driving privileges and vehicle registration. The procedures and due process protections specified in reference (i) shall be used in any case where revocation or suspension is considered appropriate.

k. Drug Detection Dogs (DDD)

(1) Use. Dog teams shall be used in conjunction with inspections and requested through the security detachment/department at local bases and stations on a recurring basis, not less than semiannually. Dogs are effective, and the possibility of their repeated use increases their effectiveness as a deterrent.

(a) Inspections and Searches. When determining the occasion for a DDD inspection, "anytime, anywhere" is a good rule of thumb to follow. The only persons needing prior knowledge of a DDD inspection or authorized search are the commanding officer and the handler (or his/her commanding officer). Unrestricted common area inspection authorization should be given to handlers so that they properly cover the jurisdiction of their inspection on a random basis. When a "find" or "response" is made the handler will then inform the commanding officer of the command being inspected, to seek permission for a probable cause search if required. An actual commanding officer's search authorization is required for areas where individuals have a reasonable expectation of privacy. Family housing should not be subjected to searches or inspections utilizing DDD except on a consent basis or pursuant to a search authorization based on probable cause.

(b) Residual odor responses. Residual odor responses are those responses made by the dog in an area where no physical evidence is present. The dog is responding to a scent left by a controlled substance and is therefore identifying a possible hiding place or user. The residual odor response is identified as such at the discretion of the individual handler. The handler is

specifically trained to discriminate between a residual odor and a false response for his or her particular dog.

(c) False responses. At times when animals are not working at top proficiency, they may alert on food, new substances or other odors to which they are not accustomed. A false response may not be used to identify an individual or area for any controlled substance abuse or hiding space. This determination is at the discretion of the handler as it is part of his or her professional training and day-to-day familiarization with the functioning of a specific animal.

(d) Personnel inspections. These inspections may be conducted anywhere under naval jurisdiction at any time. Dogs are trained to inspect for controlled substances and will not harm humans unless provoked. It is the handler's responsibility to ensure safety at all times.

(e) Physical deterrence. No matter how effective a dog and handler team is in detecting drugs, their physical presence alone is often the best deterrence to drug abuse. Dogs can seldom be defeated. Efforts to mask the trace odors that the dogs are capable of detecting are rarely successful.

(2) Procurement logistics. All dogs for the Military Working Dog Program must be screened and purchased for the Department of Defense (DOD) by the DOD Dog Center located at Lackland AFB, San Antonio, Texas. It is recommended that for commands having 1,700 or more active duty personnel, a permanent DDD team should be requested, or that those commands have access to one or more teams. The Navy's requirements for military working dogs are determined from user requests and are submitted to the Air Force via the Chief of Naval Operations (OP-009P). Commands are given quotas for the Military Working Dog School at Lackland AFB by OP-009P from those allocated to the Navy. Funding for the purchase of dogs is provided by the Director, Naval Investigative Service. Funding for travel and per diem is the responsibility of the handler's parent command. Where new billets have been established for Drug Detector Dog handlers, handlers will be trained enroute as part of their PCS orders. All expenses for the maintenance of the Drug Detector Dog Team are the responsibility of the activity where the team is located. The prospective handler receives a dog at the start of training and both the handler and the animal progress through the course of instruction together. Upon graduation from the school both the handler and dog return to the command. A handler who has already been through the school can receive a pretrained Drug Detector Dog necessitating only a few days of familiarization between the dog

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and handler. The full course of instruction for the Drug Contraband Course is nine weeks. Additional information is contained in reference (h).

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Urinalysis Policy and Related Procedures

1. Purpose. The urinalysis program uses a system of biochemical testing of urine samples to:

- a. Establish a valid and reliable means for the detection of drug abuse;
- b. Serve as a strong deterrent against drug abuse;
- c. Monitor the status of personnel in drug and alcohol abuse rehabilitation programs;
- d. Provide statistical data on the prevalence and demographics of drug abuse.

2. Policy. The use of urinalysis testing for controlled substances constitutes a major means of detecting and deterring drug abuse; however, it is not a "sine qua non". Other means should also be used. Normally, tests will be ordered by commanders or physicians when suspicion of drug or alcohol abuse exists. However, consideration should also be given to periodic random urinalysis or sweeps of the military members of entire units. Specific types of tests and the authority to conduct tests are outlined in paragraph 6 of this enclosure. Civilian employees may be directed to submit to urinalysis testing under the conditions described in reference (a).

3. Objective. The main policy objective of urinalysis testing programs shall be to detect and deter abuse at a level that ensures the continued visibility of command drug abuse detection efforts, lessens the need to conduct broad scope random samples or unit sweeps, and does not impact negatively on Naval Regional Medical Center drug screening labs or other testing assets such as equipment, reagents, staff personnel, etc.

4. Guidelines for Use of Urinalysis

a. Mandatory urinalysis testing of military members for controlled substances is authorized under the following circumstances:

(1) Inspection - an inspection under Military Rule of Evidence 313. See paragraph 6b for more detailed description.

(2) Search or seizure - a search or seizure under Military Rules of Evidence 311 through 317. See paragraph 6c for more detailed description.

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(3) Medical examination - any examination ordered by medical personnel for a valid medical purpose under Military Rule of Evidence 312(f), including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes, but not including fitness for duty examinations.

(4) Fitness for duty - a command-directed examination or referral of a specified member for a valid medical purpose under Military Rule of Evidence 312(f) when there is a reasonable suspicion of drug abuse, an examination of a specified member incident to a mishap or safety investigation, or an examination of a specified member in conjunction with a member's participation in a drug treatment or rehabilitation program. This includes a command-directed examination of a specified individual to determine a member's competency for duty or to ascertain whether a member requires counseling, treatment, or rehabilitation for drug abuse. See paragraph 6d for more detailed description.

b. Subject to limitations in paragraph 5, the results of mandatory urinalysis may be used to refer a military member to a treatment or rehabilitation program, to take appropriate disciplinary action, and to establish the basis for separation and characterization of discharge in separation proceedings in accordance with appropriate NAVMILPERSMAN articles and reference (r). The results of mandatory urinalysis may be used in other administrative determinations except as otherwise limited in this Instruction or under rules issued by the Secretary of the Navy. A matrix of the use of the results of urinalysis is provided at TAB A.

5. Limitation on Use of Urinalysis Results of Military Members. Results obtained from urinalysis under subparagraph 4a(4) may not be used against the member in actions under the Uniform Code of Military Justice or as the basis for the characterization of a discharge in separation proceedings, except when used for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) has been first introduced by the member.

6. Types of tests and authority to conduct (Military Members).

a. Use of urinalysis testing for controlled substances constitutes a major means of detecting and deterring drug abuse at the unit level. The ability to detect the presence of controlled substances through urinalysis eliminates speculation as to the magnitude of a drug abuse problem and assists in

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localizing the abuse. Engaging the problem of drug abuse in the unit should follow a logical progression.

(1) Determine the magnitude of the problem by means of a unit sweep.

(2) Localize and eliminate major areas of abuse through prudent random samplings. The uncertainty of who might be tested or when a test might be conducted enhances the deterrent efforts.

b. Inspections under Military Rule of Evidence 313.

Urinalysis testing on an inspection basis is designed to ensure the military fitness and the good order and discipline of a unit and specifically to ensure that assigned personnel are fit and ready for duty and that personnel identified as drug abusers obtain necessary counseling or rehabilitation. Because drug use by naval personnel affects military fitness, job performance, readiness, and good order and discipline, urinalysis tests shall be conducted on an inspection basis whenever there is reasonable suspicion that such testing will disclose illicit drug use by assigned personnel (e.g., when a unit is deployed or located in an area of high drug availability or when information available to the commander points to drug trafficking or drug use within the command) or when the inspection has been previously scheduled (so that the inspection will not be construed as a subterfuge for a search). Urinalysis testing on an inspection basis shall not be ordered for the primary purpose of obtaining evidence for trial by courts-martial or for other disciplinary purposes or for the purpose of obtaining evidence or confirmation of drug abuse by specific individuals suspected of abusing drugs. In such cases, urinalysis tests may only be conducted on a probable cause, consent, or fitness for duty basis as provided in paragraph 6c or 6d. The following kinds of tests are considered inspections under Military Rule of Evidence 313. The results of these tests may be used for all purposes, including disciplinary action and discharge characterization.

(1) Random sampling and unit sweeps. The term "random sampling", as used in this instruction, applies to any command urinalysis testing program in which the individuals to be tested are selected at random. In order to enhance the deterrent value of such testing, the testing program should be designed so that a member's chances of selection, and thus detection, remain constant throughout the testing period. The term "unit sweep", as used in this instruction, applies generally to the testing of an entire unit or of any

identifiable segment or class of a unit (i.e., a division, barracks, all E-4s and below, all officers, all personnel who have reported for duty in the last month, etc.). Unit sweeps must be authorized at the appropriate second echelon level or as the second echelon designates. Random sampling may be ordered by any commander, commanding officer, or officer-in-charge except for those random samplings involving more than 20% of a unit or more than 200 samples, in which case they must first be authorized at the appropriate second echelon level.

(2) Service-directed testing. Service-directed testing is testing authorized by the Chief of Naval Operations in excess of tests prescribed by the Department of Defense or authorized by lower levels of command. Examples are accession level testing (see para 8b) and tests required at enlistment, reenlistment, or at departure from overseas duty stations.

(3) Rehabilitation facility staff testing. Rehabilitation facility staff testing is mandatory testing of military staff members of substance abuse program rehabilitation facilities conducted as a deterrent to their use of drugs and to provide an example to their clients. A minimum of two tests per month are conducted with the dates randomly selected. Authorization to conduct such tests comes from the commanding officer of the rehabilitation facility.

c. Search or seizure under Military Rules of Evidence 311 through 317

(1) Tests conducted with member's consent. Members suspected of having unlawfully used drugs may be requested to submit a urine sample for testing on a consensual basis. Prior to requesting a urine sample on a consensual basis, the member shall be advised that he or she may decline to provide the sample and that, if a sample is provided, any evidence of drug use resulting from the test may be used against the member in a court-martial. Where practicable, consent should be obtained in writing. Article 31b, UCMJ, warnings need not be given in such cases, provided that no other questioning of the member takes place. If a member declines to provide a urine sample on a consensual basis, and if there is reasonable suspicion or probable cause to believe that the member has committed a drug offense and that a urinalysis test will produce evidence of that offense, the matter shall be referred to the member's commanding officer or other officer with authority to order a command-directed test or a probable cause test. Urinalysis tests on a consensual basis may also be conducted in accordance with reference (i).

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(2) Probable cause tests. Urinalysis tests may be ordered in accordance with Military Rules of Evidence 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis test will produce evidence of such offense. Only a commanding officer, officer-in-charge, or other person exercising command authority may authorize a urinalysis test conducted as a search under Military Rule of Evidence 315.

d. Fitness for duty tests. The following categories of tests are considered fitness for duty tests conducted for a valid medical purpose under Military Rule of Evidence 312(f). The primary purpose of ordering such tests is to identify naval personnel who may be physically or mentally unfit to perform military duties and who may require counseling, treatment, or rehabilitation for drug abuse. The results of fitness for duty tests may not be used as a basis for disciplinary action under the UCMJ or for discharge characterization purposes, but may be used to initiate counseling, treatment or rehabilitation or for other administrative purposes (see paragraphs 4 and 5 of this enclosure).

(1) Command-directed tests. A urinalysis test should be ordered whenever a member's behavior, conduct, or involvement in an accident or other incident gives rise to a reasonable suspicion of drug abuse and a urinalysis test has not been conducted on a consensual or probable cause basis. Command-directed tests shall be ordered by a member's commanding officer, officer in charge, or other person exercising command authority under Military Rule of Evidence 315. The authority to authorize command-directed urinalysis tests may be delegated to an executive officer and/or command duty officer. Reasonable suspicion will frequently be generated by a member's involvement in:

(a) A serious accident or incident in which safety precautions were violated or unusually careless acts were performed.

(b) A motor vehicle offense involving excessive speed, loss of control of vehicle, reckless driving, or driving under the influence.

(c) Fights, assaults, disorderly conduct, disrespect to superiors, willful disobedience of orders, unauthorized absence, and similar incidents of misconduct.

(d) Bizarre, unusual, or irregular behavior.

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(2) Physician-directed tests. Urinalysis tests may be ordered by a physician or by other medical personnel in connection with an examination conducted in accordance with reference (j), or in connection with any other examination conducted by medical personnel based on a command referral for the purpose of identifying personnel who may require counseling, treatment, or rehabilitation for drug abuse. This category of tests does not include urinalysis tests ordered by a physician or other medical personnel for medical diagnostic purposes as defined in para 4a(3).

(3) Safety investigation tests. Urinalysis tests may be ordered by a commanding officer or officially appointed investigating board in connection with any formally convened mishap or safety investigation, such as an aircraft mishap investigation conducted in accordance with reference (n).

(4) Drug and alcohol abuse program/rehabilitation testing. This testing is mandatory testing conducted in conjunction with a member's participation in any drug or alcohol abuse rehabilitation, educative or counseling program (as opposed to a medical detoxification or medical treatment program). A minimum of four tests per month are conducted with the dates selected randomly. Testing is authorized by the cognizant commanding officer as part of a rehabilitation or observation program. It should be noted that the period of time that a particular drug remains in an individual's system is often variable. Therefore, positive urinalysis results obtained during the initial month of this testing should not be considered indicative of continued drug abuse until at least two consecutive negative results have been obtained following the initiation of the testing period.

(5) Aftercare testing. This testing is mandatory testing conducted as part of an aftercare support plan to provide for continuing recovery following completion of a formalized counseling or rehabilitation program. (See enclosure (7).)

7. Portable kits. Although not designed for large scale urinalysis testing, portable kits may be used for initial screening of any urinalysis sample. Collection and submission procedures outlined in TAB B of this enclosure should be adhered to with the exception that only positive samples should be sent to a drug screening lab. Portable kit positives shall be packaged and shipped separately from samples which have not been screened. A Urine Sample Custody Document, OPNAV 5350/2

(TAB D) should list only the positives and should indicate which drug(s) were found in block 10. The Drug Screening Lab serving the geographic area (see TAB C) will provide confirmation of portable kit results. Until results of lab confirmation are received by a command, and in order to protect a member from unsubstantiated allegations of wrongdoing, results of the portable kit test should be held in close confidence. In addition to confirmation by a Drug Screening Lab, a portable kit positive may also be confirmed by a member's admission or confession of drug abuse. Prior to advising a member of a positive portable kit result or questioning a member regarding suspected drug abuse the member shall be advised of his or her rights in accordance with Article 31, UCMJ. If a portable kit positive is confirmed by the member's admission or confession, the sample need not be sent to a Drug Screening Lab for confirmation. Unconfirmed results of portable kits may not be used as the basis for any disciplinary action, administrative separation proceeding, or other adverse administrative action (other than temporary suspension from duties) pending confirmation of results, but may be used to initiate counseling, evaluation, or rehabilitation actions.

#### 8. Implementation Guidelines

a. All members regardless of rank or age are subject to participation in the urinalysis testing program.

b. Officer and enlisted personnel in the accession and prefleet training pipelines will be screened along the following minimum guidelines:

(1) Officer candidates in OCS, AOCS, OIS, BOOST, Naval Academy Preparatory School, Midshipmen, and officer students in warfare/staff specialty entry schools will be thoroughly indoctrinated as to screening procedures and Navy policy on drug abuse, with special emphasis on immediate separation processing for officers. Candidates and officer students will be individually urinalysis screened, by name, for the full range of drugs on or about the thirtieth day after reporting.

(2) All recruits, within 72 hours of reporting, will be given indoctrination briefings on Navy policy on drug and alcohol abuse, legal consequences of illicit drug use, effects of drug and alcohol abuse on discipline and combat readiness, consequences of drug trafficking, physical and psychological effects of drug and alcohol abuse, and the Navy's urinalysis screening program. A Page 13 entry will be made and signed by the recruit to document this briefing (TAB E). All recruits

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shall be individually urinalysis screened, by name, for the full range of drugs, normally within 48 hours of reporting to a Recruit Training Center.

(a) Except for recruits enlisted into a nuclear power program, an initial determination of cannabis use will be presumed positive as a result of initial screening (either locally or in the laboratory) and will not be subjected to confirmatory analysis in the laboratory. Laboratory confirmation will be required on any subsequent positive screening to permit disciplinary/separation action. Upon the initial positive screen for cannabis, Recruit Training Centers will counsel and warn the recruit and retest within about thirty days, sending retest samples to the appropriate NRMCLAB for screening and, if positive, for confirmation. Presumptive findings from an unconfirmed initial screening will not become part of the individual's permanent service record. Positive confirmation on the thirty day retest will become part of the personnel service record and will be grounds for separation. Recruits enlisted into a nuclear power program who screen positive for cannabis on the initial 48 hour test shall have the results of the positive screen forwarded for laboratory confirmation. Those nuclear power program recruits who have a confirmed positive urinalysis will be disenrolled from the nuclear power program. In addition, they shall be retested in about 30 days (as provided for above) and shall be otherwise processed in accordance with paragraph 2e(1) and (2) of enclosure (7) as regards disciplining and retention.

(b) Recruits who screen and are confirmed positive for drugs other than cannabis on the first test (within 48 hours of reporting) and recruits who are confirmed positive for any drugs on the 30 day retest shall be processed for separation as prescribed in enclosure (7).

(3) Normally within 2 weeks of reporting to Apprentice Training and "A" Schools or the first module of other accession pipeline training after recruit training, each individual shall be urinalysis screened, by name, for the full range of drugs. All positives will be confirmed.

(4) In addition to the initial screening of officer and enlisted students, commanding officers of training commands shall order command-directed tests of individual students in accordance with paragraph 6d(1), based on reasonable suspicion of drug abuse.

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c. Personnel in programs requiring special urinalysis testing procedures are addressed as follows:

(1) Rehabilitation facility staff addressed in paragraph 6b(3) to this instruction;

(2) Identified drug abusers addressed in enclosure (7) to this instruction;

(3) Security personnel addressed in paragraph 3e of enclosure (3) to this instruction.

9. Collection and transportation of urine specimens. All urine specimens will be collected and transported under the chain of custody procedures outlined in TAB B. Registered Mail is authorized as the preferred mode of transportation and accommodates proper chain of custody. Reference this OPNAVINST as CNO authority to enter unclassified material into the Registered Mail system. Urine samples must be packaged and handled in accordance with reference (t) regarding "Biological Materials"; guidance is contained in TAB B.

10. Lab requirements

a. The Chief, Bureau of Medicine and Surgery is responsible for urinalysis testing laboratories and will ensure adequate staffing, resource allocation, planning, implementation, quality control and evaluation of this network, and will assure that laboratory requirements promulgated by CNO, the Secretary of the Navy and other higher authority are met.

b. To meet the needs of fleet commanders using urinalysis testing, the steps outlined in TAB B will be utilized by Naval Regional Medical Centers with drug screening laboratories.

11. Command Confirmation (Military Members)

a. The report of results message will be official notification of testing results and will constitute authority to take whatever action (legal or administrative) is appropriate. Chain of custody documents and other paperwork will be retained on file at the NRMC for one year available for retrieval when required as evidence in a court-martial. Positive samples will also be retained in frozen state for sixty days and then discarded unless otherwise requested by submitting command to be retained for an additional specified time period.

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b. General. A positive laboratory report is a dependable indication that drugs have been used. Use of cannabis, PCP, and cocaine cannot be confused as drugs that have a valid medical prescription. Therefore, a member's urine test that is laboratory confirmed positive for cannabis, PCP, or cocaine does not require the member being clinically evaluated and should be considered a substantiated drug abuse incident unless unusual circumstances exist.

c. Clinical evaluation. When a prescription drug is identified, a cross check should be made with appropriate medical personnel to determine if a member holds a valid medical prescription. If a commanding officer desires further evaluation of a member, he/she may be referred to a medical officer for evaluation. If the medical officer is unable to verify the authorized use of the identified drug(s), that fact is reported to the commander.

d. Commanding officer's determination. Based upon the clinical evaluation and urine test results from a certified laboratory, commanding officers will make one of the following determinations:

(1) The member is a drug abuser. Following any necessary medical treatment and considering the recommendations offered by the medical officer, the member will be processed in accordance with the procedures in enclosure (7).

(2) In those cases where in the judgement of the commanding officer there is sufficient evidence that the positive urinalysis was the result of administrative error or that the drug use was authorized, the member will not be considered a drug abuser.

(3) The member's illicit use of drugs is questionable. In the most unusual circumstances where in the judgement of the commanding officer there remains some question as to the illicit use of drugs by a member, the commanding officer has the option of:

(a) allowing the individual to consent to urinalysis tests as outlined in paragraph 6c(1);

(b) ordering tests under paragraph 6d(1) and using these test results to aid him/her in the determination; or

(c) requesting the cognizant NRMC laboratory to re-test the original positive sample in question (see TAB B,

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paragraph 2e). This option should not be resorted to unless there is collaborating information to indicate error in the initial processing. The re-test procedure shall require the laboratory to first verify the accuracy of the original documentation and, if necessary, to subject the urine sample to an additional analysis. Judicious use of this option is directed because of the adverse impact on laboratory resources and workload planning.

e. When a command initiates disciplinary or administrative separation action against a member based on a positive urinalysis test, the command shall immediately notify the cognizant laboratory that the positive sample should be retained pending completion of disciplinary or administrative proceedings. At the conclusion of the disciplinary or administrative action the command shall notify the laboratory that the positive sample may be discarded. When urinalysis test results have been used as evidence in a general or special court-martial, the command should consult the trial counsel as to when the positive sample may be discarded by the laboratory.

# USE OF DRUG URINALYSIS RESULTS

<u>Rationale for ordering urinalysis</u>	<u>Useable in disciplinary proceedings?</u>	<u>Useable for (less than honorable) administrative discharge characterization?</u>
1. Search or Seizure -	YES	YES
- member's consent	YES	YES
- probable cause	YES	YES
2. Inspection		
- random sample	YES	YES
- unit sweep	YES	YES
- service-directed	YES	YES
- rehab. facility staff testing (military members)	YES	YES
3. Medical test for general diagnostic purposes (e.g., emergency room treatment, annual physical exam, etc.)	YES	YES
4. Fitness for duty		
- command-directed tests	NO	NO
- competence for duty exam	NO	NO
- drug rehabilitation tests	NO	NO
- mishap/safety investigation tests	NO	NO
- aftercare testing	NO	NO

Enclosure (4)  
TAB A

OPNAVINST 5350.4  
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Collection and transportation of urine specimens

1. Organization collection and handling

a. The unit commander or physician will direct that a urine test be conducted and will identify the individual member, parts of a unit, or entire unit for testing.

b. An accountable individual will be assigned to coordinate the urine collection. The unit coordinator will receive the urine specimen bottles and prepare each as follows (sample will be collected in an authorized container (NSN 6640-00-165-5778)):

(1) Attach gum label to body of bottle.

(2) Record on gum label:

(a) Date of collection (DAY/MONTH/YEAR)

(b) Batch number (locally derived four digit number assigned to each batch of twelve samples or portion thereof)

(c) Specimen number (predetermined two digit sequential numbers assigned to each individual sample in a batch)

(d) Individual's social security number (use all digits)

(e) Testing premise/authority identifier as follows:

Inspections

RS: Random sample  
US: Unit sweep  
AT: Accessions testing  
OS: Other service-directed testing (Specify)  
RF: Rehabilitation facility staff testing

Fitness for Duty

CD: Command-directed  
PD: Physician-directed  
SA: Official safety, mishap, accident testing  
RA: Rehabilitation program/aftercare testing

Search or Seizure

CT: Consent testing  
PC: Probable cause

Medical Examination

ME: Medical examination

Enclosure (4)  
TAB B

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Other

OT: Other authorized testing  
(Specify)

(f) A sample screened as positive on the EMIT-st portable kit should also be marked PTK.

(g) A sample screened as positive on an EMIT-d.a.u. located outside the laboratory should also be marked DAU.

(h) If the results of this test may affect a court-martial proceeding, also mark CM.

(i) If the member tested is in a Personal Reliability Program, also mark PR; if in a nuclear power program, also mark NP.

(3) Record the individual's social security number and testing premise/authority identifier (see paragraph 1b(2)(e) of this enclosure) on the top of the urine specimen bottle along with any other marking that may be required (PRP, CM, etc.).

c. The coordinator will maintain a urinalysis ledger documenting all test specimens with the following identifying information:

- (1) Date of collection (DAY/MONTH/YEAR)
- (2) Batch number
- (3) Specimen number
- (4) Individual's social security number
- (5) Testing premise identifier
- (6) Signature of observer (see paragraph 1d)

d. A designated individual of the same sex as the member providing the sample will observe the member urinating into the specimen bottle, placing the lid on the bottle, and delivering the bottle to the coordinator. The observer will sign the urinalysis ledger, thereby certifying that the specimen bottle contains urine provided by the member and has not been tampered with in any way.

e. The coordinator will ensure the urine specimen bottle is validated by the member, who will verify the identifying information by signing the ledger and initialing the label. If

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the member refuses to sign, verification may be signed/initialed by the observer and witnessed by the coordinator.

f. The coordinator will receive the specimen bottle from the member, ensure that it contains a minimum volume of 60 milliliters and is not reopened. The coordinator will initial the label and transcribe the information contained thereon to the Urine Sample Custody Document (OPNAV 5350/2). Upon collection of all samples the coordinator shall sign and date Block 11(a) of the Urine Sample Custody Document(s).

g. The coordinator will enclose one copy of OPNAV 5350/2 in a waterproof mailer (available under NSN 8105-00-857-2247) and insert it into the specimen shipping container.

h. The coordinator will seal all sides, edges, and flaps of twelve bottle specimen boxes or padded mailers with adhesive paper tape. The coordinator will sign and date across the tape on the top and bottom of each shipping container.

i. The coordinator will indicate in Block 11(b) of the Urine Sample Custody Document one of the following modes of shipment:

(1) "Released to Registered Mail #XXXX".

(2) "Released to PO3 Smith to hand carry to drug testing laboratory". NOTE: PO3 Smith will sign Block 11(c) of the Urine Sample Custody Document upon receiving the specimens.

(3) "Released to Military Airlift Command, Bill of Lading Number XXX".

(4) "Released to United Airlines Flight 554, Bill of Lading Number XXX".

(5) "Released to Swiss Air Flight 52, Bill of Lading Number XXX". (NOTE: Foreign flag carrier is to be utilized only when none of the above modes of transportation are available.)

j. The coordinator will place the original Urine Sample Custody Document (OPNAV 5350/2) in a sealed envelope (retaining one copy) and will affix the envelope to the sealed shipping container. Report Control Symbol 5350-4 applies to this data transmittal.

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k. The coordinator will wrap all packages with brown mailing paper; the Urine Sample Custody Document will remain affixed to the specimen box inside. Boxes or mailers will be shipped to the Naval Regional Medical Center drug screening laboratory specified by the second echelon commander. Priority ONE will be entered on DD Form 1384 (Transportation Control and Movement Document), or in the "Description of Contents" block on the U.S. Government Bill of Lading.

1. In the event that boxes of samples from several commands are to be collected at a central collection point for shipment, the actions described in subparagraphs 1i through 1k will be performed by the collection point coordinator after signing the Urine Sample Custody Document in Block 11(c) and providing a copy to the unit coordinator.

2. Laboratory handling

a. The commanding officer of the cognizant Naval Regional Medical Center (NRMC) is responsible for maintaining an internal identification system to maintain accountability of specimens and samples.

b. An individual of the drug screening laboratory will receive the shipment of specimens and store them so that the integrity and physical characteristics are maintained.

c. An individual designated by the drug screening laboratory commander will open the outer wrappings, locate the Urine Sample Custody Document (OPNAV 5350/2), and visually inspect the shipping container to determine if the seals on sides, edges, and flaps were opened or tampered with while in transit. The Urine Sample Custody Document will then be signed, dated and a description of the condition of the shipping container provided.

d. The shipping container will be opened and an inventory taken of the specimens. Accountability will be maintained on specimens as portions are transferred to sample test bottles and transferred and routed throughout the lab. The original specimen bottles, with residual urine, will be held in a secure location until screening and/or confirmation of samples is complete.

e. Working samples (that portion of the specimen which actually undergoes testing) shall be discarded. The original specimen bottle of those samples testing negative shall be discarded. The Urine Sample Custody Document will be marked

for positive samples at the end of the confirmation process. The original specimen bottle, with residual urine, of those samples testing positive will be stored (frozen at -5° to -20°C) for 60 days, after which it may be discarded unless the laboratory has been requested to retain the specimen for a specified longer period due to pending legal proceedings. Commands who require such retention shall advise the cognizant laboratory of the completion of legal proceedings so that unneeded specimens may be discarded.

f. A Report of Laboratory Urinalysis shall be forwarded to the originating command by naval message, using Report Control Symbol 5350-4, with info copies to the appropriate second echelon commander and Armed Forces Institute of Pathology. The report will consist, as a minimum, of the following elements:

(1) Identification of Urine Sample Custody Document (OPNAV 5350/2):

- (a) Locally assigned batch number (Block 5)
- (b) Date prepared for shipment (Block 6)

(2) Identification of positive findings:

- (a) Specimen number (Block 7)
- (b) SSN (Block 8)
- (c) DSL findings (Block H)

(3) A statement that all specimens not specifically listed are negative.

g. The Naval Regional Medical Center drug screening laboratory Certifying Official shall indicate the date-time-group of the report of results message and sign the Urine Sample Custody Document (OPNAV 5350/2), certifying that the results are accurate and have been correctly reported to the originating command.

h. The original Urine Sample Custody Document (OPNAV 5350/2), the original intra-laboratory chain of custody document (if utilized), appropriate gas chromatograph tracing(s), and a copy of the report of results message shall be attached together and retained at the NRMC DSL for a minimum of one year. These records shall be made available to the originating command, or other proper authority, upon request when required for administrative or disciplinary action.

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## NAVAL REGIONAL MEDICAL CENTERS WITH DRUG SCREENING LABS

<u>Address</u>	<u>Telephone/Message Address</u>
Commanding Officer Naval Regional Medical Center Naval Air Station Jacksonville, Florida 32214	Autovon: 942-2214 Commercial: (904) 772-2214 NAVREGMEDCEN JACKSONVILLE FL
Commanding Officer Naval Regional Medical Center Portsmouth, VA 23708	Autovon: 690-0111 Commercial: (804) 398-5111 NAVREGMEDCEN PORTSMOUTH VA
Commanding Officer Naval Regional Medical Center Oakland, California 94627	Autovon: 855-2111 Commercial: (415) 639-2111 NAVREGMEDCEN OAKLAND CA
Commanding Officer Naval Regional Medical Center San Diego, California 92134	Autovon: 957-2011 Commercial: (714) 233-2411 NAVREGMEDCEN SAN DIEGO CA
Commanding Officer Naval Regional Medical Center Great Lakes, Illinois 60088	Autovon: 792-2492 Commercial: (312) 688-2492 NAVREGMEDCEN GREAT LAKES IL

## GEOGRAPHIC AREAS OF RESPONSIBILITY

NRMC Portsmouth: Those units under the administrative control of and designated by CINCLANTFLT, all overseas units permanently attached to CINCUSNAVEUR, other CONUS Navy units according to geographic location east of the Mississippi River and north of Tennessee and North Carolina, all OUTCONUS Navy units not otherwise designated, and USMC units as designated by CMC.

NRMC Jacksonville: Those units under the administrative control of and designated by CINCLANTFLT, other CONUS Navy units according to geographic location east of the Mississippi River and south of Kentucky and Virginia, and USMC units as designated by CMC. Process all positive samples produced by NRMC Great Lakes requiring confirmation testing until about 1 April 1983. At that time NRMC Great Lakes is scheduled to achieve confirmation capability.

NRMC San Diego: Those units designated by CINCPACFLT, other CONUS Navy units according to geographic location west of the Mississippi River and south of the 39th parallel, all OUTCONUS Navy units not otherwise designated, and USMC units as designated by CMC.

Enclosure (4)  
TAB C

OPNAVINST 5350.4  
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NRMC Oakland: Those units designated by CINCPACFLT, other CONUS Navy units according to geographic location west of the Mississippi River and north of the 39th parallel, including the San Francisco Bay area, and USMC units as designated by CMC.

NRMC Great Lakes: The three Navy recruit training centers and all USMC accession points as designated by CMC, and naval activities located in the Great Lakes area. Since NRMC Great Lakes presently has only a screening capability, all positive samples requiring confirmation will be sent to NRMC Jacksonville for confirmation until about 1 April 1983. At that time NRMC Great Lakes is scheduled to achieve confirmation capability.

Enclosure (4)  
TAB C

# URINE SAMPLE CUSTODY DOCUMENT

-Read Instructions on Reverse Before Completion

1. SUBMITTING UNIT MESSAGE ADDRESS & UIC				A. DSL CONDUCTING TESTING	
2. SECOND ECHELON COMMANDER MESSAGE ADDRESS				B. RECEIVED FROM SHIPMENT	C. CONDITION OF SHIP. CONTAINER <input type="checkbox"/> UNDAMAGED <input type="checkbox"/> DAMAGED (Describe in K)
3. DATE SAMPLE(S) OBTAINED	4. GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION			D. NAME, GRADE/TITLE & SIGNATURE OF RECEIVING OFFICIAL DATE	
5. LOCALLY ASSIGNED BATCH NUMBER	6. DATE PREPARED FOR SHIPMENT			E. DSL BATCH NUMBER	F. ASSIGNED INTRA-LAB CHAIN-OF-CUSTODY DOCUMENT NUMBER
7. SPECIMEN NUMBER	8. SSN OF PERSON PROVIDING SPECIMEN	9. TESTING PREMISE	10. PTK/DAU POSITIVE	G. DSL ACCESSION NUMBER	H. DSL FINDINGS (Results Negative Unless Marked)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
11. CHAIN OF CUSTODY (Continue on reverse if necessary)				I. REPORT OF RESULTS (Date-Time -Group)	
(a) I certify that I received all specimens, verified for accuracy both the identification on each sample bottle & this chain-of-custody document, & properly packaged & sealed the specimens for shipment.				J. I certify that the findings noted above are correct and have been accurately reported to the submitting unit.	
NAME, GRADE & SIGNATURE OF UNIT COORDINATOR DATE				NAME, GRADE/TITLE & SIGNATURE OF CERTIFYING OFFICIAL DATE	
(b) RELEASED FOR SHIPMENT BY THE FOLLOWING MODE:				K. DAMAGE TO SHIPPING CONTAINER	
NAME, GRADE & SIGNATURE OF RELEASER DATE					

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Continued on reverse

Enclosure (4)  
TAB D

## URINE SAMPLE CUSTODY DOCUMENT

## 11(c) CONTINUATION OF CHAIN OF CUSTODY

PURPOSE OF CHANGE OF CUSTODY	RELEASED BY (Name, Grade/Title, Activity & Signature)	RECEIVED BY (Name, Grade/Title, Activity & Signature)	DATE

## General Instructions

- Forward original and one copy with the urine specimens (original in envelope attached to inner sealed box or container and copy in a waterproof mailer inside box or container)
- Submitting unit shall retain one copy.
- Testing laboratory shall retain the completed original for a minimum of one year.
- All unshaded entries are to be completed by the submitting unit. All shaded areas are to be completed by the laboratory.

## SUBMITTING UNIT INSTRUCTIONS

## Block Number

- SUBMITTING UNIT MESSAGE ADDRESS & UIC  
Message address and unit identification code (UIC) of unit submitting urine samples
- SECOND ECHELON COMMANDER MESSAGE ADDRESS  
Message address of second echelon commander to whom submitting unit reports administratively
- DATE SAMPLE(S) OBTAINED  
Timeframe in which sample(s) provided
- GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION  
Geographic location of unit when sample(s) are obtained (i.e., Jacksonville, FL; Inport Naples, IT; at sea; etc.)
- LOCALLY ASSIGNED BATCH NUMBER  
Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.
- DATE PREPARED FOR SHIPMENT  
Date shipping container sealed and prepared for transportation to laboratory
- SPECIMEN NUMBER  
Preprinted on form
- SSN OF PERSON PROVIDING SPECIMEN  
Full social security number of person from whom sample obtained.
- TESTING PREMISE/AUTHORIZATION  
Indicate the testing premise/authorization used to conduct the test.  
The following abbreviations are authorized:  

<b>INSPECTIONS</b>	<b>SEARCH OR SEIZURE</b>
RS: Random sample	CT: Consent testing
US: Unit sweep	PC: Probable cause
AT: Accessions testing	<b>FITNESS FOR DUTY</b>
OS: Other service-directed testing (specify)	CD: Command-directed
RF: Rehabilitation facility staff testing	PD: Physician-directed
<b>MEDICAL EXAMINATION</b>	SA: Official safety, mishap, accident testing
ME: Medical examination	RA: Rehabilitation program/aftercare testing
<b>OTHER</b>	
OT: Other authorized testing (specify)	
<b>ADDITIONAL AUTHORIZED MARKINGS</b>	
CM: May be used in court-martial proceedings	
PR: Member is in a Personnel Reliability Program	
NP: Member is in a Nuclear Power Program	
- PTK/DAU POSITIVE  
If screened positive by EMIT-st. portable kit or EMIT-DAU in the field, indicate for which drug(s) screened positive. Leave blank if not screened prior to submission to lab. The following abbreviations are authorized:  

AMP = Amphetamine	BAR = Barbiturate	OPI = Opiate
PCP = Phencyclidine	QUA = Methaqualone	COC = Cocaine
THC = Marijuana/Hashish		
- CHAIN OF CUSTODY  
  - Certification of Coordinator
  - Specify the mode of accountable transportation utilized to ship specimens to the lab.
  - If/when custody of specimens changes other than for shipment (unless hand carried), each change of custody must be documented in this block (if a continuation sheet is necessary, continuation sheet must contain the information of blocks 1, 3 and 5)

## LABORATORY INSTRUCTIONS

## Block Number

- DSL CONDUCTING TESTING  
Message address of NRMIC drug screening lab which will report out the findings.
- RECEIVED FROM SHIPMENT  
Identify the accountable mode of transportation utilized in shipping the samples to the lab.
- CONDITION OF SHIPPING CONTAINER  
Indicate undamaged/damaged. Describe damage in block K.
- RECEIVING OFFICIAL  
Name, grade/title & signature of official receiving the shipment for the lab and date received.
- DSL BATCH NUMBER  
If used by the lab, indicate batch number assigned to the samples listed on this form.
- ASSIGNED INTRA-LAB CHAIN OF CUSTODY DOCUMENT NUMBER  
If used by the lab, identify the chain of custody document which tracks samples through the lab.
- DSL ACCESSION NUMBER  
Sequential number assigned to each sample.
- DSL FINDINGS  
Indicate for which drug(s) confirmed positive (leave blank if negative or affix stamp indicating results negative).
- REPORT OF RESULTS  
Date-time-group of message informing submitting command of results of lab testing.
- DSL CERTIFYING OFFICIAL  
Certification of certifying official and date.
- DAMAGE TO SHIPPING CONTAINER  
Describe damage to container if "damaged" marked in C.

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## SAMPLE PAGE 13 ENTRY

\_\_\_\_\_  
(Date) : I HAVE BEEN BRIEFED THIS DATE ON THE  
FOLLOWING:

- (1) NAVY POLICY ON DRUG AND ALCOHOL ABUSE AS  
SET FORTH IN OPNAVINST 5350.
- (2) LEGAL CONSEQUENCES OF ILLICIT DRUG USE
- (3) EFFECTS OF DRUG AND ALCOHOL ABUSE ON  
DISCIPLINE AND COMBAT READINESS
- (4) CONSEQUENCES OF DRUG TRAFFICKING
- (5) PHYSICAL AND PSYCHOLOGICAL EFFECTS OF  
DRUG AND ALCOHOL ABUSE
- (6) THE NAVY'S URINALYSIS SCREENING PROGRAM

I HAVE READ THE "DRUG AND ALCOHOL ABUSE  
STATEMENT OF UNDERSTANDING" AND CERTIFY THAT  
I UNDERSTAND ALL THE INFORMATION CONTAINED  
THEREIN.

\_\_\_\_\_  
(Signature of Member)

Enclosure (4)  
TAB E

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Voluntary Self-Referral for Drug Abuse Rehabilitation

1. Policy. Voluntary self-referral for counseling, treatment or rehabilitation is a procedure that enables those who feel they may be drug dependent, and want help, to obtain help without risk of disciplinary action. Civilian employees who are experiencing or exhibiting performance and/or conduct difficulties and who feel that those problems are associated with substance abuse may initiate self-referral for rehabilitation under the provisions of reference (k).
2. Qualified drug screening personnel. Military members who seek counseling or rehabilitation for the specific problem of drug abuse may initiate the evaluation and treatment process by disclosing the nature and extent of their drug abuse to the medical officer, qualified command Substance Abuse Coordinator, CAAC counselor (SNEC 9522), or properly trained and qualified Substance Abuse Treatment Specialist (SNEC 9519) (while actively employed in that capacity in the local command structure). If desired, commands not having a qualified Substance Abuse Coordinator may designate personnel to act in that capacity until a qualified Substance Abuse Coordinator is obtained.
3. Initial disclosure. Initial disclosures are disclosures of previous drug abuse made to qualified drug screening personnel which document drug abuse history for the purpose of obtaining counseling under the self-referral program. Immediately after initial disclosure, the individual to whom disclosure was made shall notify the member's commanding officer by letter (see TAB A).
4. Privileged information. Disclosures made by a member to drug abuse screening, counseling, treatment, or rehabilitation personnel relating to the member's past drug use, or possession incident to such use, including disclosures made at Alcoholics Anonymous and Narcotics Anonymous meetings and while attending NASAP/NDSAP classes, are privileged and may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation. This privilege does not preclude the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which drug abuse (or lack thereof) has first been introduced by the member.
5. Information not privileged. Information disclosed by a member to persons other than those personnel named in paragraphs 2 and 4 is not privileged under this instruction. Information disclosed in response to official questioning in connection with any

Enclosure (5)

investigation or any administrative or disciplinary proceeding shall not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not privileged under this instruction.

6. Disciplinary and administrative action not precluded.

Voluntary self-referral for counseling, treatment, or rehabilitation does not exempt a member from disciplinary action or adverse administrative action. Notwithstanding a member's self-referral, appropriate disciplinary or administrative action, including separation with an other than honorable discharge, may be taken against the member for drug abuse occurring either before or after self-referral, if based upon independent evidence (i.e., evidence which is not derived, directly or indirectly, from disclosures made by the member which are privileged under this instruction).

7. Confidentiality. Further guidance concerning the confidentiality of disclosed information is contained in enclosure (10).

Sample Notification Letter

From: (Qualified self-referral agent as defined in paragraph 2 of enclosure (5) (include name and facility), medical officer (name and facility), or SAC/SATS (name and command to which attached))

To: Commanding Officer, \_\_\_\_\_ (member's commanding officer)

Subj: Voluntary Self-Referral for Rehabilitation

Ref: (a) OPNAVINST 5350.

1. In accordance with reference (a), you are hereby notified of the Navy Alcohol and Drug Abuse Program (NADAP) self-referral for rehabilitation of the following member:

Name	Rate/Rank	SSAN
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2. Self-referral was initiated \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

3. In accordance with reference (a) and, in consultation with local NADAP personnel, a Drug and Alcohol Abuse Program Statement shall be prepared for the above member, setting forth a specific Drug and Alcohol Abuse Program Regimen. It is also a command function to monitor the self-referred individual and facilitate his or her successful regimen completion and return to full duty.

4. Other comments.

(Signature of letter originator)

Enclosure (5)  
TAB A

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Rehabilitation

1. Policy Overview. The Navy recognizes that problems of alcohol abuse/alcoholism and drug abuse/dependence are conditions which can be effectively addressed through counseling, education and residential rehabilitation programs. These programs have proven to be a cost-effective means of retaining on active duty personnel who possess potential for continued useful service to the Navy but whose continued drug/alcohol abuse would otherwise render them unfit for Navy service. It is therefore Navy policy that Navy personnel who show potential for continued useful service and who are alcohol or drug dependent or are identified as alcohol or drug abusers shall be afforded short term, remedial education, counseling or rehabilitation services commensurate with the evaluated degree of abuse or dependency. Such short term services shall always be provided at the most cost-effective level that best ensures the member's successful return to full duty while realizing a minimal loss of the individual's skills to his or her command. To the maximum extent possible and without putting the abusing member or his operational unit at risk, onboard and local assets (i.e., education, counseling and other Level I and II services) should be utilized to meet this policy requirement. Drug traffickers, and those alcohol and drug abusers who cannot or will not be rehabilitated and restored to useful service, shall be disciplined when appropriate and processed for separation from naval service in accordance with existing instructions.

2. Drug and Alcohol Abuse Program Levels. The Navy will provide drug and alcohol abuse programs within the organizational structure as defined in enclosure (2).

a. Level I: Local Command Programs

Navy commands can be highly effective in providing counseling/rehabilitative assistance to the non-dependent drug/alcohol abuser through the application of effective discipline, command counseling, the provision of motivational education, awareness and preventive education (NASAP/NDSAP), and the attendance by its alcohol and drug abusing personnel at Alcoholics Anonymous and Narcotics Anonymous meetings. The length of the member's Level I program will be determined by the commanding officer, assisted by qualified command personnel. The primary assistant to the commanding officer in drug and alcohol abuse matters will be his/her Substance Abuse Coordinator (SAC). The SAC will be a specially trained paraprofessional in the field of drug and alcohol abuse capable of coordinating/conducting the drug and alcohol abuse program at the command level (Level I).

Enclosure (6)

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The SAC will have the capability of providing administrative processing, education, prevention, screening and referral, command counseling and other services. Amplification of the SAC functions and training requirements is contained in enclosures (2), (7), and (12). Where a qualified SAC is not available, Level I programs shall be conducted by the nearest NASAP/NDSAP detachment.

b. Level II: Counseling and Assistance Center Programs

This level of counseling and referral is designed for those personnel who may not have been evaluated as drug or alcohol dependent, but whose degree of abuse requires attention beyond the capacity of Level I Programs. Level II may be used for personnel waiting for space at a Level III facility. Programs at this level consist of counseling sessions. The length of the member's program at Level II should be determined by the member's commanding officer, with recommendation from the local counseling facility staff, but in no case shall it exceed four weeks. Level II counseling is provided at Counseling and Assistance Centers (CAACs), afloat and ashore.

c. Level III: Residential Rehabilitation Programs

Residential rehabilitation is designed for those members who have been formally evaluated and diagnosed as alcohol or drug dependent, require rehabilitation on a full-time live-in basis, and who in the opinion of their commanding officers, evidence potential for continued naval service. Level III care is normally provided at an Alcohol Rehabilitation Center (ARC), Alcohol Rehabilitation Service (ARS), or at the Naval Drug Rehabilitation Center in San Diego, California (NDRC). The length of residential rehabilitation programs will normally be six weeks (alcohol) and seven weeks (drug) and will reflect a multidisciplinary approach. Level III rehabilitation may be shortened or extended as necessary, should the member prove to be non-amenable to such assistance, or if additional care is required to ensure a successful recovery. Detailed referral procedures are provided in enclosure (7).

3. Follow-on Disposition (Aftercare). Subsequent to successful completion of a formalized drug or alcohol abuse program at either Levels I, II or III, and the return of the member to his/her command, the member shall remain in an "aftercare" status for up to 180 days, which includes close observation and urinalysis testing. The nature of the aftercare program will vary from case to case; however, it

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should include participation in formalized "aftercare" groups and/or attendance at Alcoholics Anonymous or Narcotics Anonymous meetings, as appropriate.

4. Counseling and Rehabilitation Limitations. In general, an individual member may be admitted to drug and alcohol program Levels I and II on more than one occasion, so long as the basic criteria for admittance are met, i.e., the member's commanding officer continues to evaluate him/her as possessing potential for continued naval service and he/she has been evaluated by a qualified screener and/or medical officer as amenable to counseling/rehabilitation. Residential drug rehabilitation, however, is usually a one-time opportunity per career. Residential alcohol rehabilitation is also normally a one-time opportunity per career. In special circumstances involving the relapse of officers and senior petty officers (E-5 and above) in whom the Navy has a greater investment, the commanding officer may recommend a second refresher period of residential rehabilitation of not more than three weeks. A return to drug or alcohol abuse following residential rehabilitation will normally be viewed, at the discretion of the member's commanding officer, as a failure to complete a drug or alcohol abuse program, or failure at rehabilitation (as appropriate).

5. Family Rehabilitation. It is Navy policy to encourage the development of programs and activities that contribute to a healthy family life, and that restore to a healthy state those families that are suffering from the effects of alcoholism or drug dependency. Toward this end, whenever feasible, rehabilitation programs should be designed to provide rehabilitation for members of the immediate family of dependent personnel, within the resources available.

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Disposition of Drug and Alcohol Abusers

1. General Disposition Guidelines. After identification of an individual as a drug or alcohol abuser the following actions shall be undertaken:

a. Evaluation. The member shall be evaluated to determine the nature and extent of the drug and alcohol abuse, his/her potential for future useful naval service and which Drug and Alcohol Abuse Program Level is appropriate to the member's case, if any. A Substance Abuse Report (SAR) shall be executed as detailed in enclosure (13).

b. Referral. Following evaluation, expeditious referral to the appropriate Drug and Alcohol Abuse Program activity shall be made, if warranted and recommended as part of the evaluation.

c. Discipline. Discipline shall be appropriate to the offense, unless prohibited by the nature of the individual's identification.

d. Reinstatement. Return to full duty status as soon as possible:

(1) Following evaluation, discipline (if appropriate), command counseling and a period of observation, and urinalysis testing up to 180 days (as detailed in the individual's Drug and Alcohol Abuse Program Statement, OPNAV 5350/4 (see TAB A)), in the case of members not referred to a special Drug and Alcohol Abuse Program Level and having clear potential for future productive service; or

(2) Following successful completion of the appropriate Drug and Alcohol Abuse Program Level, a follow-up period of observation and urinalysis testing up to 180 days (as detailed in the individual's Drug and Alcohol Abuse Program Statement, OPNAV 5350/4 (see TAB A)); and

(3) Upon final Drug and Alcohol Program release authorized by the member's commanding officer.

e. Separation. Separation processing as appropriate following evaluation (recommending separation) and discipline (if warranted), or as a recommendation following failure to satisfactorily complete an assigned Drug and Alcohol Abuse Program Level regimen, or as a result of a return to alcohol or drug abuse, as detailed in this instruction.

Enclosure (7)

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f. Reservists

(1) Reservists who are serving on orders to 30 days or more of active duty, temporary active duty, or active duty for training (including involuntary active duty for training resulting from unsatisfactory participation in the Naval Reserve) are subject to the same policies and procedures prescribed for regular Navy members.

(2) Reservists participating in inactive duty for training (drills), or serving on orders to active duty or active duty for training for less than 30 days shall be processed utilizing the following guidelines:

(a) Officer candidates, midshipmen, and officer students who are identified as drug abusers while in a duty status shall be disciplined as appropriate and processed for separation. Officer accessions with enlisted status or an enlisted obligation will be immediately disqualified for commission and treated as enlisted members for disposition as appropriate.

(b) Commissioned officers, warrant officers and chief petty officers (E-7 through E-9) who are identified as drug abusers while in a duty status shall be processed in accordance with paragraph 2d of this enclosure as appropriate.

(c) Enlisted reservists E-6 and below, who, while in a duty status, are identified as drug abusers shall be processed as follows:

1 Enlisted personnel involved in a drug incident for the first time, who are recommended for retention by their commanding officers as having potential for further useful service, shall be disciplined as appropriate, counseled, and retained.

2 Second offenders shall be disciplined as appropriate and should be processed for separation. Separation may be based on misconduct which may include other than honorable discharge. If the commanding officer has determined that the member exhibits exceptional potential for further useful service, he may retain the individual, informing Commander, Naval Military Personnel Command of his decision, but administrative discharge processing based solely on the drug abuse incidents is permissible.

3 An individual who has been identified as illegally using or possessing drugs a third time shall be disciplined as appropriate, and processed for separation. This processing should be by reason of misconduct, which may lead to

other than honorable discharge, if no other, more germane separation criteria are met. A waiver for continued service in lieu of processing for separation must be requested from the Chief of Naval Personnel and will be granted only under the most unusual circumstances.

4 Inactive reservists who are convicted of drug trafficking or the sale of drug paraphernalia while in a duty status shall be disciplined, as appropriate, and processed for separation by reason of misconduct.

(d) Inactive reservists convicted of drug offenses or involved in illegal drug use while not in a duty status may also be subject to administrative action and/or processing for separation as is appropriate to the case in question.

(e) Alcohol abuse by inactive Reservists in a duty status shall be handled paralleling the guidance detailed in paragraph 3 of this enclosure.

(f) Inactive enlisted reservists identified as drug dependent shall be handled in accordance with paragraph 6c(6) of this enclosure. Officer and enlisted reservists identified as alcoholics shall be handled in accordance with paragraph 6d(7) of this enclosure.

(g) Procedures for voluntary self-referral for rehabilitation shall parallel guidance presented in enclosure (5).

(3) Reservists on inactive duty in the Individual Ready Reserve, in Standby Active Status (S-1) and on the Inactive Status List (S-2) shall be handled as prescribed in paragraph 1f(1) or 1f(2) of this enclosure if in a duty status or as prescribed by reference (u) if in an inactive status.

(4) Reservists in special programs identified as drug or alcohol abusers or dependent shall be processed in a manner paralleling the procedures delineated for active duty personnel.

(5) In all cases a Substance Abuse Report and all other administrative entries required by this instruction will be generated to document the identification of the abuser and the subsequent disposition of his/her case.

## 2. Specific Disposition Guidelines (Drug Abusers)

a. Disciplinary action. Disciplinary action (court-martial or non-judicial punishment) shall be taken as appropriate. When

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separation processing is required under these guidelines, appropriate disciplinary action, if allowed, shall be taken prior to separation processing. However, the results of initial urine tests conducted within 30 days of a member's entry upon active duty may not be used for disciplinary action under the UCMJ or for discharge characterization.

b. Driving while under the influence. Navy personnel who are convicted of driving a vehicle under the influence of drugs, either on or off base, shall have their on-base driving privileges revoked in accordance with reference (i). These offenses should be documented in the member's service record and commented on in the member's performance evaluation. The revocation of driving privileges shall be in addition to any disciplinary and/or rehabilitation measures appropriate to the specific incident as directed by either military or civil authority. Such revocation of driving privileges shall be applied to the offender as an individual so that family members shall continue to have access to the on-base commissary store, Family Service Center and similar facilities.

c. Officer candidates, midshipmen and officer students. Officer candidates in OCS, AOCS, OIS, BOOST, Naval Academy Preparatory School, midshipmen, and officer student in warfare/staff specialty entry schools who are identified as drug abusers by urinalysis or other methods will be disciplined as appropriate and processed for separation. Officer accessions with enlisted status or an enlisted obligation will be immediately disqualified for commission and treated as enlisted members for disposition as appropriate.

d. Commissioned officers, warrant officers and chief petty officers (E-7 through E-9). Except in those cases where they have been accepted for treatment through self-referral procedures, commissioned officers, warrant officers and chief petty officers who are identified as drug abusers, by urinalysis or otherwise, shall be disciplined as appropriate and processed for separation. Commissioned officers, warrant officers, and chief petty officers who are accepted for treatment through self-referral shall be evaluated to determine potential for future useful service. When it is determined that the member has little or no potential for future useful service, the member shall be processed for separation in accordance with reference (r) or the appropriate MILPERSMAN article. In all instances, the commanding officer will document the circumstances of confirmed drug use or possession in a special performance evaluation report. Leaders must set the example. Any illegal or wrongful use or possession of drugs or

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drug paraphernalia by leaders is reprehensible and totally inconsistent with their exemplary role in the Navy.

e. Enlisted personnel in recruit training, "A" school and apprentice training school. When members in Recruit Training, "A" School, or Apprentice Training School are identified as drug abusers by urinalysis or other means, the following actions shall be taken as appropriate:

(1) Separation. Members shall be disciplined as appropriate and processed for separation when they:

(a) are diagnosed as drug dependent; or

(b) are identified as an abuser of any drug other than cannabis; or

(c) are identified as a cannabis abuser and evaluated as having no potential for future useful service (see paragraph 2e(3)(a) for policy on recruits identified by urinalysis).

(2) Retention. A member shall be retained, issued a stern warning, disciplined (as appropriate) and entered into a rehabilitation program level (as appropriate) when he/she is identified solely as a cannabis abuser and is evaluated as having potential for future useful naval service (see paragraph 2e(3)(a) for policy on recruits identified by urinalysis). Involvement in a second drug abuse (including cannabis) incident, however, shall result in separation processing despite evaluation as to potential.

(3) In addition to the actions specified in paragraphs 2e(1) and 2e(2) above, the following actions may be appropriate based upon special categories:

(a) Recruits. Personnel identified as drug abusers by urinalysis during recruit training shall be processed in accordance with the guidance contained in paragraph 8b(2) of enclosure (4). Personnel shall not be disqualified from guaranteed PRP/submarine programs solely on the basis of urinalysis testing which is positive for cannabis only, conducted within 48 hours of reporting to a recruit training command.

(b) Students with previous military service. Personnel in recruit training, "A" school or apprentice training who have previous non-accession military service shall be processed in accordance with paragraph f, following, vice this

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paragraph. This includes students reporting from fleet activities and reenlisted veterans (NAVETS/OSVETS).

(c) "A" school and apprentice training school students involved in nuclear power/PRP/submarine programs. Any laboratory confirmed incident of cannabis abuse shall disqualify those members from any nuclear power/PRP/submarine program for which they have enlisted or in which they are presently enrolled.

f. Other active duty enlisted personnel. (See matrix at TAB C). Active duty enlisted personnel (E-6 and below) other than those members in Recruit Training, "A" School or Apprentice Training School, who are identified, by urinalysis or otherwise, as drug abusers and are:

(1) Diagnosed as drug dependent, involved in their first drug incident shall be disciplined as appropriate and referred to a counseling/rehabilitation level if considered to have potential for further useful service, or shall be processed for separation if adjudged to have no potential for further service. A drug dependent member may be processed for separation via a VA facility; however, VA treatment must be requested by the member in writing. Current guidance for transfer to the VA will be provided by CNMPC.

(2) Diagnosed as not drug dependent, and are evaluated as having potential for future useful service, involved in their first incident of drug abuse, may be retained on active duty. They shall be disciplined as appropriate and provided a rehabilitation regimen, if warranted, as outlined in enclosure (6).

(3) Diagnosed as not drug dependent and are evaluated as having no potential for future useful service, involved in their first incident of drug abuse, shall be disciplined as appropriate and processed for separation.

(4) Involved in a second drug incident, shall be disciplined as appropriate, and processed for separation, except that if the commanding officer determines that the member exhibits exceptional potential for further useful service, he/she may retain the individual, informing Commander, Naval Military Personnel Command (CNMPC), of his or her decision.

(5) Involved in their third drug incident shall be disciplined as appropriate and processed for separation. A waiver

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for continued naval service may be requested of the Chief of Naval Personnel by letter but will be granted only under the most unusual circumstances.

g. Personnel in the Personnel Reliability Program, Submarine, Nuclear Power and other special programs

(1) Personnel assigned to Personnel Reliability Program (PRP), Submarine and other special programs shall be disqualified from these programs when they are identified as drug abusers or alcohol dependent. They will be assigned to other duties for which eligible or ordered to another command, within the same force if feasible, if such billets are not available at their present command. They will be eligible for return to their special program when they have shown clear potential for productive, reliable future service and meet the established specific criteria of that program and/or specialty. The decision regarding eligibility of a member to return to full duty in a special program should be made and recorded in a member's record by the program manager upon application, agreement to voluntarily submit to subsequent urinalysis screening for one year, the recommendation of his/her commanding officer after discipline (if appropriate), upon satisfactory response to counseling and/or rehabilitation programs (if required) and after a period of observation up to but not to exceed 180 days. The guidelines of BUPERSINST 5510.11D (NOTAL) including the requirement for continuous superior performance over a period of time, must also be adhered to in cases requiring recertification in the PRP. An eligible member will be assigned back to a special program billet as soon as possible and in accordance with NMPC assignment policies and the needs of the Navy. Program managers will promulgate specific instructions concerning criteria and procedures for reentry of such personnel into their respective programs.

(2) Nuclear Power Program personnel will be permanently disqualified from their program when they are identified as drug abusers. If eligible for retention, these members may be returned to full duty elsewhere in the Navy in accordance with paragraph 1d of this enclosure. They may be assigned to another special program if they otherwise meet the established criteria for that program or specialty. Nuclear Power personnel identified as alcohol dependent should be processed as prescribed for other special programs in paragraph 6a(5).

(3) Submarine, PRP and other special program personnel (E-1 through E-6) who have been returned to their program after an initial incident of drug abuse shall be permanently disqualified

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from the special program in the event of any subsequent drug abuse.

h. Drug abuse incidents previous to 1 Feb 82. For those enlisted personnel having a drug history on or before 1 Feb 82, this entire history shall be counted, for administrative purposes, as one drug abuse incident and it may be used as a basis for processing the individual for discharge depending on the individual's potential for future useful service.

i. Rehabilitation and Reenlistment. Drug abusers treated at Level III who successfully complete residential rehabilitation will be ineligible for reenlistment for a period of 180 days following completion of rehabilitation. In the case of members being ordered into Level III residential rehabilitation who will not have at least 180 days of obligated service remaining upon completion of rehabilitation, the necessary extension of current enlistment shall be effected in accordance with the provisions of MILPERSMAN 1050150. A member who is involved in a drug abuse incident during the 180 day probationary period shall be reevaluated to determine potential for continued useful service, and considered for separation, as appropriate (see enclosure (6) for rehabilitation limitations).

j. Drug Traffickers. Drug traffickers and drug trafficking are exceptionally detrimental to the health and welfare of military personnel and their families and as such constitute a threat to the safety of the Navy as a whole. Unless they are being separated with a punitive discharge, Navy personnel who are drug traffickers and those convicted of selling or intending to sell drug paraphernalia shall be processed for separation by reason of misconduct.

### 3. Specific Disposition Guidelines (Alcohol Abuser)

a. Disciplinary action. When a member has committed an offense under the Uniform Code of Military Justice, disciplinary action (trial by court-martial or nonjudicial punishment) shall be taken when appropriate. When separation processing is required under these guidelines, disciplinary action shall be taken prior to separation processing.

b. Intoxicated in a duty status and driving a vehicle while intoxicated. When naval personnel are suspected of intoxication in a duty status or operating a motor vehicle while intoxicated, appropriate means shall be employed, including the use of breathalizers and blood alcohol tests, to establish if, and at what level, a state of intoxication exists. Reference (i)

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provides guidance regarding blood alcohol tests for operators of motor vehicles. Any person determined to have a blood alcohol level of 0.10% while on a U.S. Navy installation or vessel shall be presumed to be intoxicated. Driving while intoxicated is a criminal offense under Article 111 of the Uniform Code of Military Justice (UCMJ). Navy personnel who are convicted of driving a vehicle while intoxicated, either on or off base, shall have their driving privileges revoked in accordance with reference (i) and be required to complete an alcohol education program (e.g., NASAP) as a prerequisite to reinstatement of base driving privileges. The revocation of driving privileges, as specified above, shall be in addition to any disciplinary and/or rehabilitation measures appropriate to the specific incident as directed by either military or civil authority. Such revocation of driving privileges shall be applied to the offender as an individual so that family members shall continue to have access to the on-base commissary store, Family Service Center and similar facilities.

c. Rehabilitation and Reenlistment. Even if recommended, alcoholic members treated at Level III who successfully complete residential rehabilitation will be ineligible for reenlistment for a period of 180 days following completion of rehabilitation. In the case of members being ordered into Level III residential rehabilitation who will not have at least 180 days of obligated service remaining upon completion of rehabilitation, the necessary extension of current enlistment shall be affected in accordance with the provisions of MILPERSMAN 1050150. A member who suffers a relapse during the 180 day probationary period shall be reevaluated to determine potential for continued useful service, and considered for separation, as appropriate (see enclosure (6) for rehabilitation limitations).

#### 4. Command Action

a. Command evaluation. Immediately following the confirmed identification of a drug or alcohol abuser, the commanding officer shall evaluate:

(1) Whether or not the member is considered drug/alcohol dependent;

(2) Whether assistance beyond the capabilities of the command is required to restore the member to full duty.

(3) Whether administrative separation is advisable.

b. Resources. The commanding officer's evaluation shall be based on input from available resources including:

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(1) Chain of command recommendations (i.e. department head, division officer, division CPO).

(2) Substance Abuse Coordinator (if available).

(3) Medical officer evaluation (substance dependent cases only).

(4) CAAC recommendation (for Level II and III referral cases).

(5) NASAP/NDSAP recommendation (if available).

(6) Chaplains in designated billets at drug and alcohol program field activities.

Recommendations to the commanding officer shall advise him/her of the member's potential for future useful service and the advisability of retention or separation, the member's current drug and/or alcohol dependence status (see paragraph 5a of this enclosure), and the drug or alcohol abuse program level required to return the member to full duty (if appropriate).

c. Confirmation of Dependency. In all cases where drug or alcohol dependency is suspected, the commanding officer, when feasible, will have the SAC, NASAP/NDSAP and/or CAAC evaluation of member's dependency confirmed by a medical officer prior to the commanding officer making his/her final evaluation (see paragraph 5a of this enclosure).

d. Command Options. Upon his/her final evaluation of a member's extent of drug or alcohol abuse, the commanding officer will exercise one of the following options:

(1) For members having no potential for further useful service, separation is mandatory following appropriate disciplinary action. Discharge processing should be in accordance with applicable MILPERSMAN article for enlisted personnel and officers. Diagnosed alcoholics who fail rehabilitation and have accumulated multiple incidents of misconduct in their service records may be discharged based on the merits of their records.

(2) For members having potential for further useful service:

(a) Assign member to Drug and Alcohol Abuse Level I Program. Retain onboard, if feasible, warn, and discipline as appropriate. If there is a SAC assigned, the SAC will provide

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Level I assistance to the member (refer to enclosure (6) for description of Substance Abuse Levels I, II, and III). If a SAC is not assigned, Level I assistance for member should be obtained from the nearest NASAP/NDSAP detachment or site.

(b) Assign member to Drug and Alcohol Abuse Level II Program. Retain onboard, if feasible, warn, and discipline as appropriate. Level II assistance is provided by the CAAC and should be used for those members whose assistance requirements have been evaluated as beyond the capability of the command to provide but not sufficient to require residential treatment (refer to paragraph 5b of this enclosure).

(c) Recommend Member for Drug and Alcohol Abuse Level III Program. Retain onboard, if feasible, until residential quota availability is received, warn and discipline as appropriate. Level III consists of inpatient or residential treatment and is reserved for those members having potential for productive future service and who are evaluated as alcohol/drug dependent. Members entered into the Level III program will receive treatment at the Naval Drug Rehabilitation Center (NDRC), one of three Alcohol Rehabilitation Centers (ARC) at San Diego, Norfolk, or Jacksonville, or at an Alcohol Rehabilitation Service (ARS) as appropriate. (Refer to paragraph 6c of this enclosure for drug rehabilitation and paragraph 6d for alcohol rehabilitation). Members being referred to Level III treatment should, however, immediately be assigned to the Level II program for counseling, as an interim measure, until such time as they can be transferred to a residential facility. If CAAC facilities are not available, then Level I intervention should be effected.

e. Documentation. After selecting the appropriate option, the commanding officer shall:

(1) Document the incident of drug/alcohol abuse and his/her evaluation by submission of a Substance Abuse Report (SAR) message or speedletter identifying the member, extent of drug/alcohol usage, SAC, CAAC, NASAP/NDSAP or medical officer's evaluation of potential for future useful service, and commanding officer's disposition recommendation. The format for submission of the SAR message is contained in enclosure (13). The Substance Abuse Report message will be entered in the member's permanent service record.

(2) Execute an OPNAV 5350/3 and OPNAV 5350/4, Drug and Alcohol Abuse Program Statement (TAB A), if an enlisted member is recommended for retention. The original statement will be entered in the member's field service record and a copy provided to

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Commander, Naval Military Personnel Command for entry in the member's permanent service record when it has received its final endorsements.

(3) Make a page 13 administrative entry in the member's service record documenting each incident of drug/alcohol abuse and indicating whether the member is recommended for further service. If the member is substantiated as a drug or alcohol abuser, page 13 entries shall be made in accordance with TAB B.

(4) For enlisted recruits, presumptive positive findings from an unconfirmed initial screening for cannabis will not become part of the individual's permanent service record. A positive confirmation on a thirty day retest will become part of the member's permanent service record and will be grounds for separation.

5. Substance Abuse Coordinator (SAC), Navy Alcohol Safety Action Program/Navy Drug Safety Action Program (NASAP/NDSAP), Counseling and Assistance Center (CAAC) and medical officer responsibilities when a member is referred for evaluation

a. SAC. Generally, the SAC should be able to evaluate the level of assistance required to restore a member to full duty. However, in certain cases, additional evaluation by a NASAP/NDSAP or a CAAC may be needed and should be requested prior to providing a final recommendation to the commanding officer. In cases where dependency is suspected, confirmation by a medical officer is required if appropriate medical consultation can be scheduled within a reasonable period of time following the SAC, NASAP/NDSAP or CAAC determination.

b. NASAP/NDSAP or CAAC

(1) If the NASAP/NDSAP or CAAC indicates that the member is non-dependent, the commanding officer shall be provided a written recommendation for appropriate action at Level I or Level II. Members requiring Level I counseling will be afforded counseling at their unit, if available. If not, the command will recommend the member receive Level I assistance at the NASAP/NDSAP facility. If Level II assistance is deemed necessary, the command will request the member be directed to receive the counseling at the CAAC facility.

(2) If the NASAP/NDSAP or CAAC indicates the member is dependent, the commanding officer shall be notified by the most expeditious means coupled with a referral to a medical officer for a formal diagnosis of drug or alcohol dependency. The NASAP/NDSAP

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or CAAC will provide the commanding officer a written recommendation for appropriate command action, evaluation on member's dependency, and the member's amenability for Level III residential treatment.

c. Medical Officer

(1) If diagnosed physiologically dependent, and in need of medical detoxification, the commanding officer must be advised and the member must be admitted to an appropriate medical facility for detoxification. A recommendation should be made for consideration of Level III residential treatment upon completion of detoxification.

(2) If diagnosed as psychologically dependent, or physiologically and psychologically dependent, but not in need of medically supervised, inpatient detoxification (or if the member has completed detoxification), the commanding officer must be provided a written evaluation of the member's dependence and amenability to rehabilitation, including a recommendation that the member be considered for Level III treatment.

(3) If diagnosed as non-dependent, the commanding officer must be advised in writing with a recommendation for appropriate administrative action at the command level and/or need for assistance at Level I or II of the Drug and Alcohol Abuse Program.

6. Procedures for Referral to a Drug and Alcohol Abuse Level I, II, or III Program.

a. Level I (Local Command Programs). If a SAC is assigned, Level I intervention can be accomplished at the command; otherwise member will receive Level I assistance at a NASAP/NDSAP. If command formally admits a member to drug and/or alcohol abuse assistance at this level, appropriate disciplinary measures, motivational education and, if available, NASAP/NDSAP preventive education should be provided. If NASAP/NDSAP is the most appropriate assistance and not available at the command, the member should be referred to the nearest NASAP/NDSAP unit for screening and completion of the 36-hour NASAP/NDSAP program. Attendance is mandatory and will be verified to the command by the NASAP/NDSAP facilitator.

(1) Prior to admission to the NASAP/NDSAP program, the command shall provide the following information to the NASAP/NDSAP director:

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(a) A copy of the individual's Substance Abuse Report (SAR).

(b) Additional commanding officer/SAC/supervisor evaluations of member's drug or alcohol abuse problem, including personal and professional performance.

(2) The following priority levels are established to ensure the most cost-effective use of NASAP/NDSAP resources:

(a) Priority I - Identified drug or alcohol abusers referred as a part of a Drug and Alcohol Abuse Program intervention.

(b) Priority II - Members referred as a part of command's primary prevention program.

(c) Priority III - Program manager, deputies, supervisors and other management personnel taking the program to enhance their supervisory/management skills.

(d) Priority IV - Individuals desiring program participation as a result of a self-generated desire for information or educational credit. These individuals will be required to meet the following eligibility requirements:

1 Military member, DOD employee or dependent of either.

2 At least 17 years old

3 Meet the eligibility criteria of any of the credit granting Institutions associated with the program.

(3) It should be emphasized that NASAP/NDSAP is a command asset and can be used by a commanding officer as such. Therefore, commanding officers may order individuals to NASAP/NDSAP as exceptions to the above priority system.

(4) Upon completion of the NASAP/NDSAP program, when used as a part of a Level I intervention, SAC, if available, or NASAP/NDSAP Director will provide the member's commanding officer an evaluation of the member's drug and alcohol abuse problem, cooperation during the course, whether or not the member is expected to experience additional drug and alcohol abuse problems in the future, and recommendations regarding further rehabilitation at either Level II or III. Standard forms for facilitating the exchange of this information between command and

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NASAP/NDSAP will be developed by CNMPC and promulgated at a later date.

b. Level II (Counseling and Assistance Center Program).

Level II CAAC programs may be used for both non-dependent drug and alcohol abusers, or dependent members waiting for space at a Level III facility. If the command determines that the degree of abuse requires attention beyond the capacity of Level I programs, then the command shall schedule the member for admission to the Level II counseling program at the closest CAAC. The CAAC counselor will verify the member's attendance at each counseling session. The exchange of client information (as required by paragraph 6a) will also be utilized in conjunction with admission to and completion of Level II counseling programs.

c. Level III (Residential Rehabilitation for Drug Dependent Personnel)

(1) If a member has been formally evaluated and diagnosed as drug-dependent in need of residential rehabilitation, the commanding officer has recommended him/her for retention, and the member has not been previously rehabilitated at the NDRC, then the member is considered eligible for transfer to the NDRC for completion of the residential drug program. Admission of eligible members to the NDRC is requested by means of the Substance Abuse Report. Guidance for completion of the Substance Abuse Report is contained in enclosure (13). If the member is also diagnosed alcoholic, the examining physician may recommend rehabilitation at a residential alcoholism rehabilitation facility, if alcohol is considered the primary drug of abuse, in which case, the member will be referred in accordance with procedures provided in paragraph 6d of this enclosure.

(2) Active duty Navy members requiring residential rehabilitation for drug dependency at NDRC are eligible to use aeromedical evacuation (AEROVAC). The system may be used to transport patients to the rehabilitation center and return them to duty station or point of origin upon completion of rehabilitation. To the extent feasible, families of drug dependent members should be encouraged to participate in the rehabilitation process and may utilize the AEROVAC system on a space available basis in accordance with current regulations.

(3) Prior to effecting transfer of the member to the NDRC the commanding officer shall:

(a) Dispose of all disciplinary action pending.